

**SERIAL 07095 RFP RYAN WHITE PART A SERVICES – MEDICAL/NON- MEDICAL  
CASE MANAGEMENT – HCM  
CONTRACT - Area Agency on Aging Region 1**

**DATE OF LAST REVISION: February 20, 2008 CONTRACT END DATE: March 31, 2011**

**CONTRACT PERIOD THROUGH MARCH 31, 2011**

TO: All Departments

FROM: Department of Materials Management

SUBJECT: Contract for **RYAN WHITE PART A SERVICES – MEDICAL/NON- MEDICAL  
CASE MANAGEMENT – HCM**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **February 20, 2008 (Eff. March 01, 2008)**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

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Wes Baysinger, Director  
Materials Management

SF/mm  
Attach

Copy to: Materials Management  
Shawn Nau, Director General Government  
Kevin McNeal, Program Manager Ryan White Part A Program

**1.0 SCOPE OF SERVICES:**

Emphasis on Primary Medical Care services: MCHCM continues to emphasize more specialized care with the value of improved clinical outcomes associated with care from HIV-knowledgeable/experienced providers, expanded access to and availability of mental health services, and specialized medication adherence and monitoring support. FY2007 funding for Primary Medical Care is \$1,437,576 (25% of allocations).

The legislation of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 requires the separation and distinction between Medical Case Management (Core Service) and non-Medical Case Management (Support Service) for monitoring of clinical outcomes that support a client's health status. Effective in FY 2008, all providers must clearly delineate services between Medical Case Management and non-Medical Case Management. Please reference the HCM Policies and Procedures Manual for further clarification.

- Increased access to care in rural areas: Expanded partnerships with clinics in the rural areas of the EMA are being currently being developed by the Administrative Agency and the Planning Council. Cost effectiveness and service delivery challenges are being addressed to provide the improved outcomes associated with patient compliance while addressing the underserved and disproportionately impacted rural areas of the EMA. Services are being competitively bid in FY2007 to increase geographic diversity of services and provide greater accessibility to core and support services.
- PLANNING COUNCIL DIRECTIVES
- In the ongoing efforts of the Ryan White Part A Planning Council to reach the historically underserved communities, the following directives have been issued for Case Management
- It is the responsibility of the Provider(s) to adequately promote the availability of their (awarded) service category(ies), including locations and hours. For more details, see section 4.28, PROGRAM MARKETING INITIATIVES, of this RFP.

**2.0 CONTRACTURAL ADMINISTRATIVE LANGUAGE:**

**2.1 REFERENCES:**

Respondents must provide (SEE SERVICE PROVIDER APPLICATION FORM) at least five (5) reference accounts to which they are presently providing like service. Included must be the name of the government or company, individual to contact, phone number, street address and e-mail address. Preference may be given to Respondents providing government accounts similar in size to Maricopa County.

**2.2 CONTRACTOR LICENSE REQUIREMENT:**

The Respondent shall procure all permits, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his business. The Respondent shall keep fully informed of existing and future Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same.

Respondents furnishing finished products, materials or articles of merchandise that will require installation or attachment as part of the Contract, shall possess any licenses required. A Respondent is not relieved of its obligation to possess the required licenses by subcontracting of the labor portion of the Contract. Respondents are advised to contact the Arizona Registrar of Contractors, Chief of Licensing, at (602) 542-1502 to ascertain licensing requirements for a particular contract. Respondents shall identify which license(s), if any, the Registrar of Contractors requires for performance of the Contract.

**2.3 CONTRACTOR STATUS:**

The Contractor is an independent Contractor in the performance of work and the provision of services under this Contract and is not to be considered an officer, employee, or agent of Maricopa County

**2.4 PROPRIETARY INFORMATION:**

Proprietary information submitted by a Respondent in response to a Request for Proposal shall remain confidential as determined by law or regulation.

**2.5 CONTRACT REPRESENTATIVES:**

Any changes in the method or nature of work to be performed under a Contract must be processed by the County's authorized representative. Upon the execution of a Contract, the County will name its representative who will be legally authorized to obligate the County.

**2.6 FINANCIAL STATUS:**

All Respondents shall make available upon request a current audited financial statement, a current audited financial report, or a copy of a current federal income tax return prepared in accordance with Generally Accepted Accounting Principles or Standards. Failure or refusal to provide this information within five (5) business days after communication of the request by the County shall be sufficient grounds for the County to reject a response, and to declare a Respondent non-responsive as that term is defined in the Maricopa County Procurement Code.

If a Respondent is currently involved in an ongoing bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a Respondent or receiver has been appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law, the Respondent must provide the County with that information, which the County may consider that information during evaluation. The County reserves the right to take any action available to it if it discovers a failure to provide such information to the County in a response, including, but not limited to a determination that the Respondent be declared non-responsive, and suspended or debarred, as those terms are defined in the Maricopa County Procurement Code.

By submitting a response to the Request for Proposal, the Respondent agrees that if, during the term of any Contract it has with the County, it becomes involved as a debtor in a bankruptcy proceeding or becomes involved in a reorganization, dissolution or liquidation proceeding, or if a Respondent or receiver is appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law, the Respondent will immediately provide the County with a written notice to that effect and will provide the County with any relevant information it requests to determine whether the Respondent will be capable of meeting its obligations to the County.

**2.7 REGISTRATION:**

Respondents are required to be registered with Maricopa County if they are selected for an award of any County Business. Failure to comply with this requirement in a timely fashion will cause Respondent's response to be declared non-responsive. Respondents shall register on the Maricopa County Web Site at [www.maricopa.gov/materials](http://www.maricopa.gov/materials). Click on vendors to enter BuySpeed registration screen. *Also see Exhibit 1*

**2.8 AWARD OF CONTRACT:**

Contracts awarded pursuant to the provisions of this section will not be solely on price, but will include and be limited to evaluation criteria listed in the Request for Proposal. The Contract will be awarded to the Most Advantageous Respondent(s). The Contract may be awarded in whole, by section, or geographic area as required.

2.9 POST AWARD MEETING:

The successful Contractor(s) may be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of this Contract. The Procurement Officer of this Contract will coordinate this meeting.

3.0 **CONTRACTUAL TERMS AND CONDITIONS**

3.1 TERM

This Contract is for a term of THREE (3) YEARS beginning on the date of contract award, or the effective date, as clearly noted in award notification documents.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options, (or at the County's sole discretion, extend the contract on a month to month bases for a maximum of six (6) months after expiration). The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period. The fee for any extension period shall be subject to negotiation prior to activation of such extension.

3.3 COMPENSATION:

- 3.3.1 The County reserves the right to reallocate funding during the contract period so that the services provided and corresponding contract amount may be decreased or increased, via contract amendment or Task Order, at the discretion of the County.
- 3.3.2 Subject to the availability of funds, County shall pay the Contractor for the services described herein for a sum not to exceed the Contract Amount listed on the cover page of this contract. County will pay the Contractor on a unit cost reimbursement basis in accordance with the Contractor's approved fee schedule, which follows. The total funds paid to the Contractor will be dependent upon the number of units of service performed by the Contractor. County does not guarantee a minimum payment to the Contractor. County will not reimburse Contractors for missed appointments by clients.
- 3.3.3 Ryan White CARE Act funds shall not be used to finance the services of lobbyists, fundraisers or grant/proposal writers, nor to support lobbying, fundraising activities and/or the writing of grant/contract proposals.
- 3.3.4 The Contractor understands and agrees to notify the County of any deviations or changes to any budget line of the underlying budget of this contract within **30** days of such change.
- 3.3.5 The Contractor shall be compensated for services provided only by the staff classifications/positions included/referenced in the underlying budget.
- 3.3.6 Unless specifically allowed and referenced elsewhere in this contract, all services are to be provided at Contractor sites and/or venues. Services provided at non-authorized locations or venues will not be reimbursed by the County.
- 3.3.7 The Contractor shall provide monthly financial and corresponding programmatic reports per the reporting schedule to the County. If the Contractor is not in compliance because of non-performance, submission of reports after deadlines, insufficient back-up statements or improperly signed forms, the Contractor may not be reimbursed. Furthermore, program non-compliance can delay reimbursement until program compliance issues and any other related financial consequences are resolved. **Multiple**

instances of non-compliance with reporting requirements may result in the County reducing the Contractor's reimbursement by up to 10% of the corresponding month's billing. Billing forms and instructions are included in sections 4 and 6 of the Ryan White Part A Program Policies Manual. Billing forms and instructions are included in sections 4 and 6 of the Ryan White Part A Program Policies Manual.

3.3.8 The Ryan White Part A office will provide technical assistance to eligible applicants for the implementation, configuration and end user support for the CAREWare database. In addition, technical assistance is made available to eligible applicants to integrate CAREWare with proprietary in-house billing systems on an as needed basis to minimize data entry efforts needed to report client level demographic and service related data. See Exhibit 3 for a sample billing packet.

3.3.9 The actual amount of consideration to be paid to the Contractor depends upon the actual hours worked and the services provided. Any un-obligated balance of funds at the end of this Agreement period will be returned to the County in accordance with instruction provided.

#### 3.4 PAYMENT

3.4.1 As consideration for performance of the duties described herein, County shall pay Contractor the sum(s) stated in Attachment "B" **Budget Worksheet**, or as modified by contract amendment or appropriately executed "task order".

3.4.2 Payment shall be made upon the County's receipt of a properly completed invoice. Invoices shall contain the following information: Contract number, purchase order number, item numbers, description of supplies and/or services, sizes, quantities, unit prices, extended totals and any applicable sales/use tax.

#### 3.5 INVOICES AND PAYMENTS:

3.5.1 The Contractor shall submit one (1) legible copy of their detailed invoice before payment(s) can be made. At a minimum, the invoice must provide the following information:

- 3.5.1.1 Company name, address and contact
- 3.5.1.2 County bill-to name and contact information
- 3.5.1.3 Contract Serial Number
- 3.5.1.4 County purchase order number
- 3.5.1.5 Invoice number and date
- 3.5.1.6 Payment terms
- 3.5.1.7 Date of services
- 3.5.1.8 Quantity (number of days or weeks)
- 3.5.1.9 Description of Purchase services
- 3.5.1.10 Pricing per unit of purchase
- 3.5.1.11 Extended price
- 3.5.1.12 Total Amount Due

3.5.2 Contractors providing medical services are required to utilize HCF-1500 or UB-92 forms for claims submitted to the Ryan White Part A Program in addition to the Monthly Fiscal and Program Monitoring reports (Section 4.27 of this RFP)

**Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.**

**3.6 METHOD OF PAYMENT:**

- 3.6.1 Contractor will submit Monthly Fiscal and Program Monitoring Report for services performed on or before the fifteen (**15<sup>th</sup>**) business day following the month in which services were performed.
- 3.6.2 Subject to the availability of funds, County will, within sixty (**60**) working days from the date of receipt of the documents enumerated herein, process and remit to the Contractor a warrant for payment up to the maximum total allowable for services provided or work performed during the previous month. Should County make a disallowance in the claim, the claim shall be processed for the reduced amount. If the Contractor protests the amount or the reason for a disallowance, the protest shall be construed as a dispute concerning a question of fact within the meaning of the "Disputes" clause of the Special Provisions of this Contract.
- 3.6.3 The Contractor understands and agrees that County will not honor any claim for payment submitted 60 days after date of service. The Contractor understands and agrees that County will not process any claim for payment for services rendered prior to the end of the contract period which are submitted sixty (**60**) days after the end of the contract period without approval of County. For claims that are subject to AHCCCS Regulation R9-22703.B1, County will not honor any claim for payment submitted nine months after date of service.
- 3.6.4 Payments made by County to the Contractor are conditioned upon the timely receipt of applicable, accurate and complete reports submitted by the Contractor. All monthly fiscal and program monitoring reports must be supported by auditable documentation, which is determined to be sufficient, competent evidential matter defined by the County.
- 3.6.5 The Contractor understands and agrees to maximize all other revenue streams including self-pay and all sources of third party reimbursements. The Contractor must determine Regional Behavioral Health Authority (RBHA), AHCCCS, ALTCS, VA, TRICARE Standard and Medicare eligibility of clients and assist with client enrollment whenever feasible. The Contractor understands and agrees that all third party payments must be exhausted to offset program costs before Ryan White CARE Act funds are used.

**3.7 BUDGET AND EXPENDITURES:**

- 3.7.1 Contractor will submit Monthly Fiscal and Program Monitoring Reports for services performed on or before the fifteenth (**15<sup>th</sup>**) working day following the month in which services were performed. The billing packet includes a combination of pre-printed forms and CAREWare based reports and are to be printed and submitted in hard copy form to the Ryan White Part A office an example billing packet is in Exhibit 3.
  - A. The total administrative costs budgeted, including any approved indirect rate (inclusive of contractor and subcontractor(s)) cannot exceed **10%** of the amount of the contract award.
  - B. Administrative expenditures for this contract cannot exceed **10%** of the total expenditures of this contract. Any amount of administrative expenditures in excess of **10%** will be reimbursed to MCDHCM, Ryan White Part A Program.
  - C. Any disallowed expenditures are subject to the Contractor submitting a full reimbursement to MCDHCM, Ryan White Part A Program.
  - D. Contractors agrees to establish and maintain a "Financial Management System" that is in accordance with the standards required by the OMB Circular A-110, Subpart C. Such system must also account for both direct and indirect cost transactions, reports on the results of those transactions, are in compliance with the requirements of OMB Circular A-21 and generally accepted accounting principles.

- E. Agree that all expenditures are in accordance with the budget as approved and attached to this Agreement.
- F. All expenditures and encumbered funds shall be final and reconciled no later than 90 days after the close of the grant year.

**3.8 DUTIES**

- 3.8.1 The Contractor shall perform all duties stated in Attachment "C" WORK PLAN
- 3.8.2 The Contractor shall perform services at the location(s) and time(s) "stated in " or as otherwise directed in writing, via contract amendment and/or task order.

**3.9 INDEMNIFICATION:**

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable. The contractor shall include a clause to this effect in all subcontracts inuring to the benefit of the Contractor or County

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.

**3.10 INSURANCE REQUIREMENTS:**

- 3.10.1 The Contractor shall have in effect at all times during the term of this Contract insurance which is adequate to protect Maricopa County, its officers and employees, participants and equipment funded under the Contract against such losses as are set forth below. The Contractor shall provide County with current documentation of insurance coverage by furnishing a Certificate of Insurance or a certified copy of the insurance policy naming Maricopa County as an additional insured.
- 3.10.2 The following types and amounts of insurance are required as minimums:
  - 3.10.2.1 Worker's Compensation as required by Arizona law
  - 3.10.2.2 Unemployment Insurance as required by Arizona law
  - 3.10.2.3 Public Liability, Body Injury and Property Damage policies that insure against claims for liability for Contractor's negligence or maintenance of unsafe vehicles, facilities, or equipment brought by clients receiving services pursuant to this Contract and by the lawful visitors of such clients. The limits of the policies shall not be less than \$1,000,000.00 for combined single limit.
- 3.10.3 Automobile and Truck Liability, Bodily Injury and Property Damages:
  - 3.10.3.1 General Liability, each occurrence; \$500,000.00

- 3.10.3.2 Property Damage; \$500,000.00
- 3.10.3.3 Combined single limit; \$1,000,000.00

3.10.4 Standard minimum deductible amounts are allowable. Any losses applied against insurance deductibles are the sole responsibility of the Contractor.

3.10.5 Professional Liability Insurance; \$1,000,000.00

3.10.6 The Contractor will immediately inform the Director of any cancellation of its insurance or any decrease in its lines of coverage at least thirty (30) days before such action takes place.

**3.11 Certificates of Insurance.**

3.11.1 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND UNDERSTANDS THAT FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF THIS CONTRACT.

In the event any insurance policy (ies) required by this Contract is (are) written on a "claims made" basis, coverage shall extend for two (2) years past completion and acceptance of Contractor's work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to County fifteen (15) days prior to the expiration date.

**3.11.2 Cancellation and Expiration Notice.**

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

**3.12 NOTICES:**

All notices given pursuant to the terms of this Contract shall be addressed to:

For County:

Maricopa County  
Department of Materials Management  
Attn: Director  
320 West Lincoln Street  
Phoenix, Arizona

**3.13 REQUIREMENTS CONTRACT:**

3.13.1 Contractor signifies its understanding and agreement by signing this document that this Contract is a requirements contract. This Contract does not guarantee any purchases will be made (minimum or maximum). Orders will only be placed when County identifies a need and issues a purchase order or a written notice to proceed.

3.13.2 County reserves the right to cancel purchase orders or notice to proceed within a reasonable period of time after issuance. Should a purchase order or notice to proceed be canceled, the County agrees to reimburse the Contractor for actual and documented costs



incurred by the Contractor. The County will not reimburse the Contractor for any avoidable costs incurred after receipt of cancellation, or for lost profits, or shipment of product or performance of services prior to issuance of a purchase order or notice to proceed.

3.13.3 Contractor agrees to accept oral cancellation of purchase orders.

3.14 **TERMINATION:**

3.14.1 County may terminate this Contract at any time with thirty **(30)** days prior written notice to the other party. Such notice shall be given by personal delivery or by Registered or Certified Mail.

3.14.2 This Contract may be terminated by mutual written agreement of the parties specifying the termination date therein.

3.14.3 County may terminate this Contract upon twenty-four **(24)** hours notice when County deems the health or welfare of a patient is endangered or Contractor non-compliance jeopardizes funding source financial participation. If not terminated by one of the above methods, this Contract will terminate upon the expiration date of this Contract as stated on the Cover Page.

3.15 **DEFAULT:**

County may suspend, modify or terminate this Contract immediately upon written notice to Contractor in the event of a non-performance of stated objectives or other material breach of contractual obligations; or upon the **happening** of any event, which would jeopardize the ability of the Contractor to perform any of its contractual obligations.

3.16 **OFFSET FOR DAMAGES;**

In addition to all other remedies at law or equity, the County may offset from any money due to the Contractor any amounts Contractor owes to the County for damages resulting from breach or deficiencies in performance under this contract.

3.17 **ADDITIONS/DELETIONS OF SERVICE:**

The County reserves the right to add and/or delete products and/or services provided under this Contract. If a requirement is deleted, payment to the Contractor will be reduced proportionately to the amount of service reduced in accordance with the proposal price. If additional services and/or products are required from this Contract, prices for such additions will be negotiated between the Contractor and the County.

3.18 **USE OF SUBCONTRACTORS:**

3.18.1 The use of subcontractors and/or consultants shall be pre-approved by the County. If the use of subcontractors is approved by County, the Contractor agrees to use written subcontract/consultant agreements which conform to Federal and State laws, regulations and requirements of this Contract appropriate to the service or activity covered by the subcontract. These provisions apply with equal force to the subcontract as if the subcontractor were the Contractor referenced herein. The Contractor is responsible for Contract performance whether or not subcontractors are used. The Contractor shall submit a copy of each executed subcontract to County within fifteen (15) days of its effective date.

3.18.1.1 All subcontract agreements must provide a detailed scope of work, indicating the provisions of service to be provided by both the Contractor and Subcontractor.

3.18.1.2 All subcontract agreements must include a detailed budget and narrative, identifying all administrative costs as defined in section II.

3.18.1.3 All subcontract agreements must document the qualifications and ability to provide services by the subcontracting agency.

3.18.2 The Contractor agrees to include in any subcontracts a provision to the effect that the subcontractor agrees that County shall have access to the subcontractor's facilities and the right to examine any books, documents and records of the subcontractor, involving transactions related to the subcontract and that such books, documents and records shall not be disposed of except as provided herein.

3.18.3 The Contractor shall not enter into a subcontract for any of the work contemplated under this Agreement except in writing and with prior written approval of the County. Such approval shall include the review and acceptance by the County of the proposed subcontractual arrangement between the Contractor and the subcontractor

3.19 AMENDMENTS:

All amendments to this Contract must be in writing and signed by both parties. All amendments shall clearly state the effective date of the action.

3.20 TASK ORDERS:

Contractor shall not perform a task other than those found/defined in the contract award document. Task Orders may be issued by the Administrator of this contract. Task Orders will be communicated via written document. A Task Order shall include, but is not limited to: budget amount, work plan, reference to special conditions of award, and/or any special reporting requirements. Amended Task Orders can be issued at any time. Both parties shall sign an amended Task Order.

3.21 CHANGES:

3.21.1 The Maricopa County Department of Health Care Mandates, with cause, by written order, make changes within the general scope of this Contract in any one or more of the following areas (Also see **AMENDMENTS & TASK ORDER SECTIONS**):

3.21.1.1 Work Statement activities reflecting changes in the scope of services, funding source or County regulations,

3.21.1.2 Administrative requirements such as changes in reporting periods, frequency of reports, or report formats required by funding source or County regulations, policies or requirements, and/or,

3.21.1.3 Contractor fee schedules and/or program budgets.

Examples of cause would include, but are not limited to: non-compliance, under performance, reallocations from the Planning Council, or approved directives from the Planning Council.

3.21.2 Such order will not serve to increase or decrease the maximum reimbursable unit rate amount to be paid to the Contractor. Additionally, such order will not direct substantive changes in services to be rendered by the Contractor.

3.21.3 Any dispute or disagreement caused by such written order shall constitute a "Dispute" within the meaning of the Disputes Clause found within this Contract and shall be administered accordingly.

**3.22 AUDIT REQUIREMENTS:**

- 3.22.1 If the Contractor expends **\$500,000** or more from all contracts administered and/or funded via County, and/or receives **\$500,000** or more per year from any federal funding sources, the Contractor will be subject to Federal audit requirements per P.L. 98-502 "The Single Audit Act." The Contractor shall comply with OMB Circulars A-128, A-110, and A-133 as applicable. The audit report shall be submitted to the Maricopa County Department of Public Health for review within the twelve months following the close of the fiscal year. The Contractor shall take any necessary corrective action to remedy any material weaknesses identified in the audit report within six months after the release date of the report. Maricopa County may consider sanctions as described in OMB Circular A-128 for contractors not in compliance with the audit requirements. All books and records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP).
- 3.22.2 The Contractor shall schedule an annual financial audit to be submitted to County for review within twelve months following the close of the program's fiscal year. Contractor understands that failure to meet this requirement may result in loss of current funding and disqualification from consideration for future County-administered funding.
- 3.22.3 Comply with the requirement of the Federal Office of Management and Budget (OMB) Circular A-133. The Contractor is responsible for having an audit performed in accordance with, and when required, by OMB Circular A-133, and for sending a copy of the report issued as a results of the audit to the County within 30 days of issuance. The County reserves the right to engage an auditor, at the Contractor's expense, to perform an OMB Circular A-133 audit of the Contractor in the event that the Contractor shall fail to engage an auditor or the County shall reject or disapprove of the auditor engaged by the Contractor.
- 3.22.4 The Contractor shall also comply with the following OMB Circulars:
1. A-102 Uniform Administrative Requirements for Grants to State and Local Government.
  2. A-110 Uniform Administrative Requirements for Grants and Agreement with Institutions of Higher Education, Hospitals and other non-profit organizations.
  3. A-122 Cost Principles for Non-Profit Organizations.
  4. A-87 Cost Principles for State and Local Governments.
  5. A-21 Cost principles for Education Institutions.

**3.23 SPECIAL REQUIREMENTS:**

- 3.23.1 The Contractor shall adhere to all applicable requirements of the Ryan White Comprehensive HIV/AIDS Treatment Modernization Act of 2006.
- 3.23.2 The Contractor shall participate in a minimum of two (2) provider technical assistance meetings and/or teleconference calls that will be scheduled by the MCDHCM throughout the year.
- 3.23.3 The Contractor shall provide the necessary administrative, professional and technical personnel for operation of the program.
- 3.23.4 The Contractor agrees to maintain adequate programmatic and fiscal records and files including source documentation to support program activities and all expenditures made under terms of this agreement as required.
- 3.23.5 Contractor agrees to install and utilize the CAREWare client level reporting system as described in the Ryan White Part A Program Policies Manual. There are no licensing costs associated with the use of CAREWare. The provider is required to cover the cost

for installing and configuring internal firewall devices to gain access to the CAREWare database.

**3.24 RELEASE OF INFORMATION:**

The Contractor agrees to secure from all clients any and all releases of information or other authorization requested by County. Each client file documenting the provision of Part A services must contain a release form signed by the client. This release form must be signed by the client and grant release of named confidential file information to the Maricopa County Department of Health Care Mandates for the purpose of grant administration/monitoring for a period of five years from date of signature. Failure to secure such releases from clients may result in disallowance of all claims to County for covered services provided to eligible individuals. If service to anonymous clients is specifically allowed and approved by the County, this provision does not apply to persons who receive Ryan White CARE Act Part A funded services anonymously.

**3.25 CERTIFICATION OF CLIENT ELIGIBILITY;**

3.25.1 The Contractor agrees to certify for eligibility all clients seeking services supported by Ryan White CARE funds, detailed in Section 1 of the Ryan White Part A Program Policies Manual. Such certification as detailed below shall be conducted at least every six months of service. Services may be provided to anonymous clients only at the specific approval of the MCDHCM and only as and if specified in this contract. Anonymous clients are not subject to the following certification of client eligibility requirements. An individual will be certified by the Contractor as being eligible for services if the following criteria are met:

3.25.2 Documentation in the client's chart of the client's HIV+ status, consistent with HRSA guidelines as described in the MCDHCM Ryan White Title 1 Policy Manual.

3.25.3 Documentation in the client's chart that no health and/or other form of insurance is in effect for the client which covers the cost of services available through this program.

3.25.4 Documentation in the client's chart of client ineligibility for like services under other client and/or public assistance programs.

3.25.5 Documentation in the client's chart of current residence in the EMA of Pinal and Maricopa counties and verification by Contractor, as detailed in MCDHCM's Ryan White Part A Policy Manual.

3.25.6 Documentation of client charges consistent with sliding scale specified on the following chart unless the County waives charges.

<b>Client Income</b>	<b>Fees For Service</b>
Less than or equal to 100% of the official poverty line	No fees or charges to be imposed
Greater than 100%, but not exceeding 200%, of the official poverty line	Fees and charges for any calendar year may not exceed 5% of the client's annual gross income **
Greater than 200%, but not exceeding 300%, of the official poverty line	Fees and charges for any calendar year may not exceed 7% of client's annual gross income
Greater than 300% of the official poverty line	Fees and charges for any calendar year may not exceed 10% of client's annual gross income

**\*\* Free services may be provided to individuals with an annual gross family income of less than 200% of the official poverty line. Fees must be charged to clients whose annual gross family income is in excess of 200% of the official poverty line**

- 3.25.7 The Contractor's schedule of fees and charges must be published and made available to the public. Client income shall be verified and documented consistent with the MCDHCM Ryan White Part A Policy Manual.
- 3.25.8 Funds collected by the Contractor in the form of fees, charges, and/or donations for the delivery of the services provided for herein shall be accounted for separately. Such fees, charges and/or donations must be used for providing additional services or to defray the costs of providing these services consistent with the Work Statement of this Contract. As applicable, the Contractor agrees to include, in the underlying budget, the amount of projected revenue from client fees. The amount of funds collected from client fees shall be reported by Contractor in the Monthly Expenditure Report by discrete service. For audit purposes, the Contractor is responsible for maintaining necessary documentation to support provision of services.
- 3.25.9 The Contractor is required to have in place a procedure for verifying client eligibility for services. Eligibility for all clients must be recertified biannually (every 6 months), with the exception of HIV Status. Eligibility certification must be documented in each client record. The verification of these elements are a permanent part of the client's record and is to be maintained in a secure location for at least five (5) years after the client has left the service.
- 3.26 **QUALITY MANAGEMENT:**
  - 3.26.1 The Contractor will participate in the EMA Quality Management program as detailed in the ***MCDHCM Ryan White Part A Program Policies Manual***. **See link found on cover page.**
  - 3.26.2 The Contractor will utilize and adhere to the most current Standards of Care as developed by the Phoenix EMA Planning Council.
  - 3.26.3 The Contractor will develop and implement an agency-specific quality management plan for Part A-funded services. The Contractor will conduct Quality Improvement projects at the agency level utilizing the Plan-Do-Check-Act (PDCA) model.
  - 3.26.4 The Contractor will participate in cross-cutting Quality Improvement projects and report data per the timeline established with the County. Additionally, the Contractor will report quality outcome measures established by the County per the reporting schedule.
  - 3.26.5 The Contractor will participate in the Quality Management Ad Hoc Advisory Committee as requested by the County.
  - 3.26.6 Conduct and provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the County.
  - 3.26.7 Maintain a comprehensive unduplicated client level database of all eligible clients served and demographic and service measures required and submit this information in the format and frequency as requested by the County. The County will make available to the Contractor software for the collection of this information.
  - 3.26.8 Maintain consent to serve forms signed by the clients to gain permission to report their data to County, State and Federal authorized entities and to view their records as a part of site visits and quality management review activities.

- 3.26.9 Participation in QM trainings sponsored by the County is mandatory. The Contractor understands that non-participation in these types of events may result in not complying with the Standards of Care as mandated by the Ryan White CARE Act. Further, such non-participation in QM trainings could result in prompting a performance monitoring site visit.

3.27 REPORTING REQUIREMENTS:

- 3.27.1 The contractor agrees to submit as a "hard copy" document, Monthly Fiscal and Program Monitoring Reports on or before the **fifteenth (15<sup>th</sup>)** day of the month following the end of the reporting period on forms substantially similar to those included in sections 4 and 6 of the Ryan White Part A Program Policies Manual. **The billing packet is delivered via hardcopy to the Ryan White Part A office.** Reporting requirements includes, but not limited to: **1)** A narrative describing progress made towards achieving service goals as well as problems and issues impeding program implementation. **2)** Expenditure report identifying billing to the MCDHCM for services provided during the reporting period; **3)** Compilation of data on a cumulative, yearly, unduplicated-count basis shall be required, with data reporting in scanable and/or electronic file formats; **4)** Compilation of data for outcome measure studies conducted as mutually agreed by Contractor and the MCDHCM; and **5)** And any additional or specific reports deemed necessary under Section IV of this contract.
- 3.27.2 The contractor agrees to submit quarterly program monitoring reports on or before the **thirtieth (30<sup>th</sup>)** day of the month following the end of the reporting period detailing a quarterly and year to date unduplicated-count of clients serviced and the services provided (duplicated count).
- 3.27.3 The contractor agrees to submit a final end of year program report detailing actual expenditures for the grant year, including administrative expenditures, and an annual unduplicated client level demographic report for the contract year and calendar year no later than 60 days following the close of the grant year.

3.28 PROGRAM MARKETING INITIATIVES:

- 3.28.1 When issuing statements, press releases and other documents describing projects or programs funded in whole or in part with Ryan White Part A funds, the Contractor shall clearly state: 1) The percentage of the total costs of the program or project which will be financed with Ryan White funds; 2) The dollar amount of Ryan White funds for the project or program, and 3) The percentage dollar amount of the total costs of the project or program that will be financed by nongovernmental sources. Further, all such statements, press releases, and other documents describing programs or services funded in whole or in part with Ryan White CARE Act funds shall reference the funding source as the federal Department of Health and Human Services, Health Resources and Services Administration, the Ryan White Comprehensive HIV/AIDS Treatment Modernization Act of 2006, and the Maricopa County Department of Health Care Mandates. Such references to funding source must be of sufficient size to be clear and legible.
- 3.28.2 Contractor is responsible for advertising Ryan White Part A services. Such advertisement is to promote/incorporate the following components: Services rendered, venues/locations, and hours of operation. The content of any and all advertising for these services must be pre-approved by the County and be in a format allowed by Local, State and Federal regulations.
- 3.28.3 Contractor is responsible to ensure that all appropriate program descriptions, including hours and locations, are disseminated to the community and other providers to ensure that clients have access to care.

**3.29 OTHER REQUIREMENTS:**

3.29.1 Contractor will maintain discrete client files for all individuals served and will secure the necessary releases of information to allow for periodic review of all pertinent client information by employees of County and/or their designated representatives.

3.29.2 Monthly Fiscal and Program Monitoring Reports, Utilization Statistics and HRSA-mandated Administrative Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Health Care Mandates; 4041 N. Central Ave., Suite 1400, Phoenix, Arizona 85012

**Monthly Fiscal and Program Monitoring Reports are due on or before the 15<sup>th</sup> of the month following the end of the reporting period.**

3.29.3 Quarterly Program Utilization reports will be submitted to: Ryan White Title 1 Program; Maricopa County Department of Health Care Mandates; 4041 N. Central Ave., Suite 1400, Phoenix, Arizona 85012 within **thirty (30)** days following the month end of the quarterly reporting period.

3.29.4 Written Annual Expenditure (Close Out), Equipment Log, and Program and Utilization Statistics Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Health Care Mandates; 4041 N. Central Ave., Suite 1400, Phoenix, Arizona 85012 within 60 days of the expiration of the contract year.

3.29.5 Contractor shall respond to all additional requests for information solicited by County when they are submitted in writing within **72** hours of receipt of MCDHCM request.

3.29.6 Contractor shall participate with a standardized anonymous Consumer Satisfaction Survey issued to all program participants, at least once during the contract year. The survey and procedure is included in the ***MCDHCM Ryan White Part A Program Policies Manual***. *See link found on cover page.*

**3.30 ADEQUACY OF RECORDS:**

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that allowable services were provided to eligible clients the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

**3.31 RETENTION OF RECORDS:**

The Contractor agrees to retain all financial books, records, and other documents relevant to this Contract for five (5) years after final payment or until after the resolution of any audit questions which could be more than five (5) years, whichever is longer. The County, Federal or State auditors and any other persons duly authorized by the Department shall have full access to, and the right to examine, copy and make use of, any and all said materials.

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that requested services were provided, the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

**3.32 AUDIT DISALLOWANCES:**

3.32.1 The Contractor shall, upon written demand, reimburse Maricopa County for any payments made under this Contract, which are disallowed, by a Federal, State or Maricopa County audit in the amount of the disallowance, as well as court costs and attorney fees which Maricopa County incurs to pursue legal action relating to such a disallowance.

3.32.2 If at any time it is determined by County that a cost for which payment has been made is a disallowed cost, County shall notify the Contractor in writing of the disallowance and the required course of action, which shall be at the option of County either to adjust any future claim submitted by the Contractor by the amount of the disallowance or to require repayment of the disallowed amount by the Contractor.

3.32.3 The Contractor shall be responsible for repayment of any and all applicable audit exceptions, which may be identified by County, State and Federal auditors of their designated representatives, and reviewed by the Contractor. The Contractor will be billed by the County for the amount of said audit disallowance and shall promptly repay such audit disallowance within 60 days of said billing.

3.33 **CONTRACT COMPLIANCE MONITORING:**

County shall monitor the Contractor's compliance with, and performance under, the terms and conditions of this Contract. On-site visits for Contract compliance monitoring may be made by County and/or its grantor agencies at any time during the Contractor's normal business hours, announced or unannounced. The Contractor shall make available for inspection and/or copying by County, all records and accounts relating to the work performed or the services provided under this Contract, or for similar work and/or service provided under other grants and contracts.

3.34 **AVAILABILITY OF FUNDS:**

3.34.1 The provisions of this Contract relating to payment for services shall become effective when funds assigned for the purpose of compensating the Contractor as herein provided are actually available to County for disbursement. The Director shall be the sole judge and authority in determining the availability of funds under this Contract and County shall keep the Contractor fully informed as to the availability of funds.

3.34.2 If any action is taken by any State Agency, Federal Department or any other agency or instrumentality to suspend, decrease, or terminate its fiscal obligations under, or in connection with, this Contract, County may amend, suspend, decrease, or terminate its obligations under, or in connection with, this Contract. In the event of termination, County shall be liable for payment only for services rendered prior to the effective date of the termination, provided that such services are performed in accordance with the provisions of this Contract. County shall give written notice of the effective date of any suspension, amendment, or termination under this section, at least ten (10) days in advance.

3.35 **RESTRICTIONS ON USE OF FUNDS:**

3.35.1 The Contractor shall not utilize funds made available under this Contract to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service:

3.35.1.1 Under any State compensation program, under any insurance policy, or under any Federal, State, or county health benefits program; or

3.35.1.2 By an entity that provides health services on a prepaid basis.

3.35.2 Funds shall not be used to purchase or improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services as referenced in the A.R.S. § 41-2591, R2-7-701 and *Code of Federal Regulations*, Chapter 1, Subchapter e., Part 31, and Public Health Service Grants Policy Statement.

3.35.3 The federal Office of General Counsel and County emphasize that CARE Act funds may only support HIV-related needs of eligible individuals. All activities and expenditures must reflect an explicit connection between any service supported with CARE Act funds and the intended recipient's HIV status.



- 3.35.4 Contractor is not authorized to provide services anonymously, unless specifically approved for the service category in which the Contractor is providing services. All services must only be provided to documented eligible clients as defined in this contract.
- 3.35.5 The Ryan White CARE Act limits the administrative expenses to not more than **10%** of the total expenditures incurred for that contract. The Act defines allowable “administrative activities” to include:
  - 3.35.5.1 Usual and recognized overhead, including established indirect rates for agencies;
  - 3.35.5.2 Management and oversight of specific programs funded under this title; and
  - 3.35.5.3 Other types of program support such as quality assurance, quality control, and related activities.”

**3.36 CONTINGENCY RELATING TO OTHER CONTRACTS AND GRANTS:**

- 3.36.1 The Contractor shall, during the term of this Contract, immediately inform County in writing of the award of any other contract or grant where the award of such contract or grant may affect either the direct or indirect costs being paid/reimbursed under this Contract. Failure by the Contractor to notify County of such award shall be considered a material breach of the Contract and County shall have the right to terminate this Contract without liability.
- 3.36.2 County may request, and the Contractor shall provide within a reasonable time, a copy of any other contract or grant, when in the opinion of the Director, the award of the other contract or grant may affect the costs being paid or reimbursed under this Contract.
- 3.36.3 If County determines that the award to the Contractor of such other Federal or State contract or grant has affected the costs being paid or reimbursed under this Contract, County shall prepare a Contract Amendment effecting a cost adjustment. If the Contractor protests the proposed cost adjustment, the protest shall be construed as a dispute within the meaning of the "Disputes" clause contained herein.

**3.37 ALTERNATIVE DISPUTE RESOLUTION:**

- 3.37.1 After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any contract dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days of the completion of the hearing the arbitrator(s) shall:
  - 3.37.1.1 Render a decision;
  - 3.37.1.2 Notify the parties that the exhibits are available for retrieval; and
  - 3.37.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).

3.37.1.4 Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys' fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.

3.37.2 **Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.**

3.38 SEVERABILITY:

The invalidity, in whole or in part, of any provision of this Contract shall not void or affect the validity of any other provision of this Contract.

3.39 STRICT COMPLIANCE

Acceptance by County of performance not in strict compliance with the terms hereof shall not be deemed to waive the requirement of strict compliance for all future performance obligations. All changes in performance obligations under this Contract must be in writing.

3.40 NON-LIABILITY:

Maricopa County and its officers and employees shall not be liable for any act or omission by the Contractor or any subcontractor, employee, officer, agent, or representative of Contractor or subcontractors occurring in the performance of this Contract, nor shall they be liable for purchases or Contracts made by the Contractor in anticipation of funding hereunder.

3.41 SAFEGUARDING OF CLIENT INFORMATION:

The use or disclosure by any party of any information concerning an eligible individual served under this Contract is directly limited to the performance of this Contract.

3.42 NON-DISCRIMINATION:

The Contractor, in connection with any service or other activity under this Contract, shall not in any way discriminate against any patient on the grounds of race, color, religion, sex, national origin, age, or handicap. The Contractor shall include a clause to this effect in all Subcontracts inuring to the benefit of the Contractor or County.

3.43 EQUAL EMPLOYMENT OPPORTUNITY:

3.43.1 The Contractor will not discriminate against any employee or applicant for employment because of race, age, handicap, color, religion, sex, or national origin. The Contractor will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, age, handicap, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, lay-off or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Contractor shall to the extent such provisions apply, comply with Title VI and VII of the Federal Civil Rights Act; the Federal Rehabilitation Act; the Age Discrimination in Employment Act; the Immigration Reform and Control Act of 1986 (IRCA) and Arizona Executive Order 99-4 which mandates that

all persons shall have equal access to employment opportunities. The Contractor shall also comply with all applicable provisions of the Americans with Disabilities Act of 1990.

- 3.43.2 Operate under this agreement so that no person otherwise qualified is denied employment or other benefits on the grounds of race, color, sex, religion, national origin, ancestry, age physical or mental disability or sexual orientation except where a particular occupation or position reasonably requires consideration of these attributes as an essential qualification for the position.

**3.44 RIGHT OF PARTIAL CANCELLATION:**

If more than one service category (Work Statement) is funded by this Contract, Maricopa County reserves the right to terminate this Contract or any part thereof based upon the Contractor's failure to perform any part of this contract without impairing, invalidating or canceling the remaining service category (Work Statement) obligations.

**3.45 RIGHTS IN DATA:**

The County shall own have the use of all data and reports resulting from this Contract without additional cost or other restriction except as provided by law. Each party shall supply to the other party, upon request, any available information that is relevant to this Contract and to the performance hereunder.

**3.46 INTEGRATION:**

This Contract and the respondents' response represents the entire and integrated agreement between the parties and supersedes all prior negotiations, proposals, communications, understandings, representations, or agreements, whether oral or written, express or implied.

**3.47 GOVERNING LAW:**

This Contract shall be governed by the laws of the state of Arizona. Venue for any actions or lawsuits involving this Contract will be in Maricopa County Superior Court or in the United States District Court for the District of Arizona, sitting in Phoenix, Arizona

**3.48 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

- 3.48.1 The undersigned (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- 3.48.1.1 are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

- 3.48.1.2 have not within 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- 3.48.1.3 are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

3.48.1.4 have not within a 3-year period preceding this Contract had one or more public transaction (Federal, State or local) terminated for cause of default.

3.48.2 Should the Contractor not be able to provide this certification, an explanation as to why should be attached to the Contact.

3.48.3 The Contractor agrees to include, without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier covered transactions related to this Contract.

3.49 MEDIATION/ARBITRATION:

In the event that a dispute arises under the terms of this agreement, or where the dispute involves the parties to the agreement, a recipient of services under the terms of this agreement, it is understood that the parties to the dispute shall meet and confer in an effort to resolve the dispute. In the event that such efforts to resolve the dispute are not successful, the parties to the dispute will agree to submit the dispute to non-binding mediation before a mutually agreed upon and acceptable person who will act as the mediator. In the event that such non-binding mediation efforts are not able to resolve the dispute, the parties agree to submit the matter to binding arbitration wherein each party selects their own arbitrator and the two selected arbitrators meet and mutually agree upon the selection of a third arbitrator. Thereafter, the three arbitrators are to proceed with arbitration in a manner that is consistent with the provision of A.R.S. 12-1518.

3.50 CULTURAL COMPETENCY:

3.50.1 The Contractor shall meet any and all federal standards on cultural competency and develop and implement organizational policies that comply with federal standards. CLAS Standards are included in section 11 of the Ryan White Part A Program Policies Manual. *Also see Exhibit 4.*

3.50.2 The Contractor shall recognize linguistic subgroups and provide assistance in overcoming language barriers by the appropriate inclusion of American Sign Language and languages of clients accessing care. *Also see Exhibit 4.*

3.51 RW CAREWARE DATA BASE:

*The MCDHCM requires the installation and utilization of HRSA-supplied Ryan White CAREWare software for reporting purposes, to include quality management program reporting requirements. The Contractor agrees to install, collect, and report all data requested by the MCDHCM via RW CAREWare within 60 days of request by the MCDHCM. The Contractor agrees to participate in technical assistance training and/or informational presentations for CAREWare at various times scheduled during the contract year.*

*CAREWare is used for client level data reporting and is used for monthly billing reports, demographic reports, and various custom reporting. Samples of these reports can be found in sections 4-6 of the Ryan White Part A Program Policies Manual. The CAREWare software is supported by the Part A office for training and end user support. The contractor is responsible for coordinating the installation of the CAREWare software with their internal information technology staff. CAREWare software is developed by HRSA and requires no licensing fees. The Contractor will be responsible for the cost of VPN cards for each user within their organization. The CAREWare software and central database are explained in sections 4-6 of the Ryan White Part A Program Policies Manual.*

3.52 IMPROPRIETIES AND FRAUD:

3.52.1 The contractor shall notify MCDHCM in writing of any actual or suspected incidences of improprieties involving the expenditure of CARE Act funds or delivery of services. This will include when potential or current clients receive services, or attempt to receive services, for which they are ineligible. Notification is also required whenever acts of

indiscretion are committed by employees that may be unlawful or in violation of this contract. Notification to MCDHCM shall occur in writing within 24 hours of detection.

- 3.52.2 The Federal Department of HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

Office of Inspector General  
TIPS HOTLINE  
P. O. Box 23489  
Washington, D. C. 20026  
Telephone: 1-800-447-8477 (1-880-HHS-TIPS)

- 3.52.3 The Contractor shall be responsibility for any loss of funds due to mismanagement, misuse, and/or theft of such funds by agents, servants and/or employees of the Contractor.

3.53 ADHERENCE TO MCDPH POLICIES:

- 3.53.1 Contractor shall adhere to all MCDHCM Ryan White Part A Program Policies. Such policies are referenced in the ***MCDHCM Ryan White Part A Program Policies Manual***.  
• **See link found on cover page.**

3.54 REFERRAL RELATIONSHIPS:

Contractors must have documented evidence to substantiate referral relationships on an ongoing basis consistent with HRSA guidance regarding “Maintaining Appropriate Referral Relationships” available from the MCDHCM upon request.

3.55 POLICY ON CONFIDENTIALITY:

- 3.55.1 The Contractor understands and agrees that this Contract is subject to all State and Federal laws protecting client confidentiality of medical, behavioral health and drug treatment information.
- 3.55.2 The Contractor shall establish and maintain written procedures and controls that comply with Arizona Administrative Code (A.A.C.) R9-1-311 through R9-1-315 regarding disclosure of confidential medical information and records. No medical information contained in Contractor’s records or obtained from County, or from others in carrying out its functions under this Contract shall be used or disclosed by Contractor, its agents, officers, employees or subcontractors except as is essential to the performance of duties under this Contract or otherwise permitted under applicable statutes and rules. Disclosure to County is deemed essential to the performance of duties under this Contract. Neither medical information nor names or other information regarding any person applying for, claiming, or receiving benefits or services contemplated in this Contract, or any employer of such person shall be made available for any political or commercial purpose. Information received from a Federal agency or from any person or provider acting under the Federal agency pursuant to Federal law shall be disclosed only as provided by Federal law.
- 3.55.3 In accordance with Section 318 (e)(5) of the Public Health Service Act [42 U.S.C. 247c(e)(5)], no information obtained in connection with the examination, care or services provided to any individual under any program which is being carried out with Federal monies shall, without such individual’s consent, be disclosed except as may be necessary to provide services to such individual or as may be required by laws of the State of Arizona or its political subdivisions. Information derived from any such program may be disclosed (a) in summary, statistical, or other form, or (b) for clinical research purposes, but only if the identity of the individuals diagnosed or provided care under such program

is not disclosed. The Contractor shall comply with the provisions of A.R.S. § 36-663 concerning HIV-related testing; restrictions; exceptions and A.R.S. § 36-664 concerning confidentiality; exceptions, in providing services under this Contract.

- 3.55.4 Confidential communicable disease related information may only be disclosed as permitted by law, and only consistent with the *MCDHCM Ryan White Part A Program Policies Manual*. See link found on cover page.

3.56 EQUIPMENT:

- 3.56.1 All equipment and products purchased with grant funds should be American-made.
- 3.56.2 The title to any and all equipment acquired through the expenditure of funds received from County shall remain that of the Department of Health and Human Services, Health Resources and Services Administration. County must specifically authorize the acquisition of any such equipment in advance. Upon termination of this Contract, County may determine the disposition of all such equipment.
- 3.56.3 The Contractor agrees to exercise reasonable control over all equipment purchased with capital outlay expense Contract funds. All equipment lost, stolen, rendered un-usable, or no longer required for program operation must be reported immediately to County for disposition instructions. The Contractor shall report the physical inventory of all equipment purchased with contract funds within sixty (60) days of receipt of such equipment.

3.57 LAWS, RULES AND REGULATIONS:

*The Contractor understands and agrees that this Contract is subject to all State and Federal laws, rules and regulations that pertain hereto.*

3.58 FORMAT AND CONTENT (WHAT TO PROVIDE-APPLICANT):

To aid in the evaluation, it is desired that all proposals follow the same general format. The proposals are to be submitted in binders and have sections tabbed as below (Responses are limited to no more than 15 pages of narrative, single sided, 10 point font type)

- 3.58.1 Letter of Transmittal (Exhibit 2)
- 3.58.2 **Narrative – Provide a brief narrative (not to exceed 15 pages), fully describing your organization, and the personnel assigned to this service category and how you plan on meeting the needs of the plwh/a population.**

**Provide a brief response to each of the sections listed below:**

- **-Targeted population**
  - **-How Ryan White funds will be utilized to keep plwh/a in care.**
  - **-How your organization will work within the HIV/AIDS community to provide coordinated care to eligible clients**
  - **-Your agency's experience with infectious disease.**
  - **-Other funding used by your agency to care for plwh/a**
- 3.58.3 Completed Application Form (Attachment A), including any applicable proof of licensing, certifications, etc., as requested. In the event that any given section is not applicable to the service you/your company are offering a proposal response to, the section shall be noted as N/A (not applicable).

- 3.58.4 Pricing and Budget Form (Attachment B)
- 3.58.5 Work Plan (Attachment C), fully completed, without exception.
- 3.58.6 Agreement/Signature Page (Attachment D) inclusive of vendor/applicant portion completed and signed.

3.59 EVALUATION OF PROPOSAL – SELECTION FACTORS:

An Independent Review Panel (IRP) shall be appointed, at the direction of the MATERIALS MANAGEMENT DIRECTOR, and chaired by the Materials Management Department to evaluate each Proposal and prepare a scoring of each Proposal to the responses as solicited in the original request. At the County's option, proposing firms may be invited to make presentations to the IRP. Best and Final Offers and/or Negotiations may be conducted, as needed, with the highest rated Respondent(s). **Proposals will be evaluated on the following criteria which are listed in order of importance and determine the acceptability of each respondent's proposal. (PROPOSALS SHALL BE EVALUATED AS ACCEPTABLE OR NOT ACCEPTABLE BASED ON THE FOLLOWING CRITERIA).**

- 3.59.1 Agency's approach and philosophy and how it relates to the service delivery goals as outlined in the 2006-2009 Phoenix EMA Comprehensive Plan. The goals that apply to service delivery are:
- 3.59.2 Goal 1: Improve delivery of core services and other services to populations with the greatest needs.
- 3.59.3 Goal 2: Improve entry into care by streamlining the eligibility process.
- 3.59.4 Goal 3: Identify individuals who are aware of their HIV status and are not in care, and facilitate their entry into care.
- 3.59.5 Goal 4: Improve access to services through multiple approaches.
- 3.59.6 Goal 5: Provide a continuum of HIV/AIDS services that is culturally and linguistically appropriate.
- 3.59.7 Goal 7: Improve the integration and coordination among care services and between HIV care and prevention.
- 3.59.8 Agency's proven skills and technical competence, including all subcontractor agreements proposed.
- 3.59.9 Staff qualifications and credentials
- 3.59.10 Proposed budget inclusive of unit of service cost(s).

3.60 RESPONDENT REVIEW OF DOCUMENTS.

The Respondent shall review its Proposal/Response submission to assure the following requirements are met.

- 3.60.1 **Mandatory:** One (1) original hardcopy (labeled), three (3) hardcopy copies of their proposal/response, inclusive of all required submissions, and one (1) electronic copy of all required submittal documents, on a CD (**no pdf files**)
- 3.60.2 **Mandatory:** Attachment "A", Application
- 3.60.3 **Mandatory:** Attachment "B", Pricing and Budget Agreement; and
- 3.60.4 **Mandatory:** Attachment "C", Work Plan
- 3.60.5 **Mandatory:** Attachment "D", Signature/Agreement Page
- 3.60.6 **Mandatory:** Narrative as defined in Section 4.58.2 above
- 3.60.7 **Mandatory:** Letter of Transmittal (Exhibit 2)

3.61 VENDOR REGISTRATION:

***All applicants/respondents shall be registered as a vendor with Maricopa County. No contract awards can be made to a applicant/respondent who has not successfully completed vendor registration. See Exhibit 1 Vendor Registration Procedures.***

## NARRATIVE

### 4.58.2 NARRATIVE

#### Medical/ Non-Medical Case Management Services.

Case Management, by definition, is the service that connects clients with *all* available community services to meet their individual needs. The main goal for medical case management is linkage to services to assist HIV positive individuals, especially those who are out of primary medical care, with entry into and retention in care so they may have access to a physician and develop an appreciation for regularly scheduled appointments to address their medical condition and develop their own health related goals to achieve the highest level of health possible for them. For many individuals, case management is the entry point to the continuum of care. As a professional discipline, case management engages the client in a process that includes intake, assessment, care planning, resource identification and mobilization (referral), follow-up (outcome), advocacy, supportive counseling, education and reassessment. All of these steps follow national and accreditation standards for case management practice (HIV Care Directions received accreditation by the national Council On Accreditation, COA, in March 2006) and the Ryan White Part A Planning Council's Standards of Care.

Case management is a movie not a snap shot. The service is a *process* that engages the client in a professional relationship to maximize his or her strengths and address unmet needs thru application of resources and services. Case management requires a deliberate systematic approach, in order for the case management professional to determine the efficacy of the care plan by regularly tracking the client's status across all agencies and services. Flexibility is also required in order to successfully address the changing effects of the virus and human situations. The Area Agency's HIV Care Directions' (HIVCD) case management services begin with the peer (HIV positive), professional *intake* coordinator scheduling a visit with the client in his or her home, or any other site designated as a comfortable environment for the client (e.g., HIVCD office, a public setting, physician's office, McDowell Healthcare Center, counseling and test site, or at another AIDS Service Organization). The goal is to determine need for the service, gather eligibility documentation (HIV diagnosis, residency in the EMA and verification of income), provide an overview of case management services, determine acuity of need and obtain the client's consent for service. Intakes are done within ten days of contact per RW Part A Planning Council's Case Management Standards. Emergencies (food, housing, acute illness, abandonment etc.), are done immediately. In addition, HIVCD accepts referrals from the Transitional Case Management program for HIV positive incarcerated individuals being released to the EMA.

After an intake is completed, the HIVCD Associate Director assigns the client to a case manager by the geographic location of the client's residence or to a bi-lingual (Spanish/English) case manager if the client is Spanish speaking. Other languages for monolingual clients will be accommodated through interpreters at the Area Agency or other interpreting sources. The case manager contacts the client within 3 working days of assignment to schedule an initial *assessment* visit with the client in their home or site designated by the client. The comprehensive bio-psychosocial assessment, includes the client's in-care status; formal and informal supports; finances; housing; psycho-social strengths and deficits; and functional level.

Upon completion of the assessment an individualized *care plan* is developed by the case manager and the client to serve as a "road map" to achieve mutually identified goals with primary attention paid to the client's access to primary care and medications. This individualized care plan is signed by the client and, with written permission, may be shared with the client's physician.

Appropriate *resources* and services are *identified* to meet the client's needs. The client is then *referred* to the appropriate resources, assistance provided for applications and education provided regarding the particular service/s or services system (e.g. AHCCCS, Social Security). The case manager continues to work with the individual beyond referral and linkage to services or benefits, providing -at minimum- monthly *follow-up* phone calls and/or visits with face-to-face meetings every ninety days in a pro-active manner. Contact frequency with the client is individualized and is commonly much more than the program's minimum requirements, depending on the particular client being served. Continuing activities include *advocacy*, *supportive counseling*, *monitoring* the effectiveness of services and *reassessment* of the client status and care plan every six months. In addition, prevention education may be done over time to reduce the possibility of secondary infection. Referrals to prevention programs in the EMA are made whenever the situation warrants.

The option of home visits is an integral part of HIV Care Directions' case management services, which follows the national standard for case management services. A home visit at the initial assessment phase allows the case manager to obtain a clear and comprehensive picture of the client's environment, resources, supports (or lack of) and



needs. Follow-up home visits assess the appropriateness and efficacy of services, allow the case manager to effectively respond to a client's changing needs, and increase the probability of a client's follow-through with identified interventions as agreed upon in the care plan. Clients' survey results over the years have indicated that clients, especially those from ethnic minorities, have appreciated not having to go into a HIV identified agency, offering them the comfort of receiving case management services in a self determined environment. Over the past 15 years, a high percentage of clients served by HIVCD have been from ethnic minority communities (40%), which may be in part attributed to the openness of the delivery model, in addition to fluent Spanish and other language capacity.

Reassessments are completed every 6 months (per national CM standards, COA Case Management Accreditation standards and RW Planning Council standards) to determine: adherence to their medical regimen; appointments planned and kept with their physician; on-going needs; identification of new issues; status of goals. If there are continuing or new issues the client's care plan is updated and signed by the client with the client continuing on active status with the service delivery as described above.

When the care plan is completed and the client and case manager feel confident that issues are resolved (access/adherence to primary medical care and medications established, services in place, benefits obtained, education about working with the system completed, and emotional issues associated with the diagnosis), all needs have been addressed and the care plan completed, the client would transition to self management and be placed on inactive/closed status. The responsibility for contact with the case manager then shifts to the client. The client and case manager discuss the change in status prior to the transition. The client is assured that they may contact the case manager and go back to active status with reestablished eligibility as their needs warrant. The client could be placed back on active status, eligibility updated, a new assessment done and care plan written for the case manager and client to work on. This provides ease of entry into services again and streamlines the process for the client.

Clients utilizing Care Directions' case management may be on active status for as long as there are issues to be addressed and resolved on a care plan. The program is individualized and designed to go at the client's pace. The level of assistance required from the case manager varies based on the individual's level of need, capabilities and availability of other support systems. The average time for active service is eleven months.

### **TARGETED POPULATION**

The targeted population is HIV positive persons of all ages and ethnicities residing in Maricopa County. There is a concerted effort to market and engage people from populations who are underserved and /or who are out of care; and assisting established clients with remaining in care (primary medical care and labs every 6 months). HIV Care Directions (HIVCD) has the ability to serve individuals of all ages, male, female or transgender from a wide variety of cultures and ethnicities with demographics that mirror the epidemic in the EMA.

The HIV Care Directions' (HIVCD) case management model is client-centered, responsive and flexible in response to each individual's changing needs. Sexual orientation and ethnic, cultural issues are addressed in a culturally competent manner with respect and sensitivity to each person's individual culture.

HIVCD's services have been available to mono-lingual Spanish speaking clients since the program began in 1992 through Spanish/English bi-lingual case managers and support staff who are fluent in the Spanish language.

The dedicated, experienced, professionally trained HIVCD case managers coordinate the efforts of many organizations, individuals, and service delivery systems to meet the needs of each client to assist them with access to and retention in care.

### **HOW RW FUNDS WILL BE UTILIZED TO KEEP PLWH/A IN CARE**

Funds will be utilized for personnel and 10 % admin costs for the Medical/ Non-medical case management services. Through Ryan White Part A funding, the Area Agency on Aging's HIV Care Directions (HIVCD) program will continue to provide quality, professional case management services for HIV positive persons of all ages, races and ethnicities, residing in Maricopa County, with the goal of engaging those out of care and assisting them with accessing medical care and medications and retaining them in care through application to and utilization of appropriate resources and mainstream benefits such as Medicaid (AHCCCS), Medicare, Veterans Administration (VA) or private insurance. When no other payer source is available, the case managers will assist eligible clients with application and entry to Ryan White primary medical care and the state Title II AIDS Drug Assistance Program. HIV Care Directions has an excellent record over the past 15 years of connecting to and helping people remain in care.

HIV Care Direction's original and continued program design includes intake by an HIV positive (peer) individual (1 FTE), who provides an empathetic approach to people coming into service; 1 bi-lingual intake staff (.09 FTE); 2 bi-lingual support staff (1.42 FTE); professional case managers (11.1 FTE); Associate Director (.95 FTE) and Director (.31 FTE) Total staff = 14.87 FTE.

The Area Agency on Aging is committed to having fluent Spanish language capacity at all entry points to the agency. HIV Care Directions' support staff are, and have always been, from Latino cultures and are fluent in English and Spanish.

HIV Care Directions strives to maintain a staff that is culturally diverse to address the demographic diversity of the EMA and linguistically capable of working with Latino and other mono-lingual clients.

The HIV Care Directions staff is comprised of:

4 African Americans	7 Gay individuals
1 American Indian	3 HIV positive individuals
12 Caucasians	3 Affected (HIV+ family members)
4 Latinos	
1 Latino/American Indian	

Six HIV Care Directions staff members speak Spanish fluently. The five Latino staff are from three different Latino cultures. The supervisor for the Spanish speaking case managers is from southern Mexico and was educated through her undergraduate degree in Mexico. She is a certified medical translator (English/Spanish). HIVCD's program design includes bilingual (English/Spanish) intake services for mono-lingual Spanish-speaking clients.

In addition to Spanish language capacity, there is access to staff members in the larger Area Agency on Aging who speak seven other languages including: French, Vietnamese, Serbian, Romanian, Russian and sub Saharan African languages. The Area Agency on Aging has an excellent elder refugee case management program that refers HIV positive clients to HIV Care Directions and assists with translation for those clients resettling in the greater Phoenix area.

Given the diverse nature of the Area Agency's and HIV Care Directions' staff composition, the program is in an excellent position to provide quality services to the diverse group of clients that are served. Annual cultural competency training is required by the agency for each program.

#### **HOW YOUR ORG WILL WORK WITHIN THE HIV/AIDS COMMUNITY TO PROVIDE COORDINATED CARE TO ELIGIBLE CLIENTS**

HIVCD receives referrals from a multitude of sources, including but not limited to: HIV counseling and testing sites; AIDS service organizations; minority outreach organizations; hospitals; substance abuse and mental health treatment programs; homeless shelters; TB surveillance; legal services; hospital ERs/social workers; food stamp offices; Social Security; Area Agency's 24 hour Help Line; self referral; parole/probation officers.

In order to reach out of care clients and streamlines the entry to RW Part A services, HIV Care Directions obtained office space for the past two years at the Day Resource Center (DRC) at the Central Arizona Shelter Services' (CASS) campus to facilitate intake and case management contact with homeless HIV positive individuals and families, utilizing the CASS Healthcare for the Homeless clinic as well, which offers the opportunity to work with secondary prevention measures and primary care.

The primary function of case management is to link individuals to benefits and services. Since its inception in 1992, HIV Care Directions' case managers have worked extensively with AIDS service organizations, government entities, and a multitude of community resources to accomplish this task, utilizing a vast network of collaborations and linkages.

Of the many service needs that case manager's address, medical care, medications, dental care, behavioral health, substance abuse treatment, financial support and housing and are of primary concern. HIV Care Directions has developed strong linkages with the providers of these services that include Memos of Understanding with a number of the physicians, agencies and offices listed below. Additionally, HIVCD has developed relationships with outreach providers and ethnic minority service providers to facilitate clients' use of case management and other Part A

services. The following is a list of our primary, though not limited to, referral network. In parenthesis is the year in which the relationships began.

<u>Medical</u>	<u>Financial</u>	<u>Housing</u>
AHCCCS (1992)	Arizona Public Service (1992)	CASS (1992)
ALTCS (1992)	City of Phoenix Human	Southwest Behavioral Health
Hospice of the Valley (1992)	Service Centers (1992)	(1994)
Maricopa Medical Center	AZ Department of Economic	HUD
(1992)	Security (1992)	Mercy Housing (1995)
VA Medical Center (1992)	Maricopa County Community	Phoenix Shanti Group (1995)
Ken Fisher, M.D. (1992)	Action Programs (1992)	City of Phoenix Housing
McDowell Healthcare Center	Social Security	(1997)
(1993)	Administration (1992)	Native American Connections
Dean Martin, M.D. (1993)	Southwest Behavioral Health	(1998)
MD Home Care (1993)	(1994)	City of Phoenix Human
Attentive Home Health (1994)	<u>Nutrition/ Food</u>	Services (1999)
Phoenix Children's Hospital	St. Mary's/ Westside Food	Day Resource Center (2005)
(1994)	Bank (1992)	
Griffin Cippola, D.O. (1995)	Body Positive (1992)	
Foundation for Senior Living	McDowell Healthcare Center	Minority Specific
(1999)	(1993)	<u>Services</u>
Pueblo Family Physicians /	Joshua Tree (1993)	Chicanos Por La Causa (1992)
Douglas Cunningham, D.O.	Agape (1998)	Phoenix Indian Medical
(1999)		Center (1992)
Spectrum Medical (2001)		Concilio Latino de Salud
Thanes Vanig, M.D. (2001)		(1994)
<u>Behavioral Health</u>		Ebony House (1998)
Chicanos Por La Causa (1992)		Native American Connections
Value Options (ComCare)		(1998)
(1992)		Native American Pathways
Jewish Family & Children's		(1998)
Services (1992)		Urban League (1998)
Phoenix Shanti Group (1992)		OIC (2000)
TERROS (1992)		
Valle del Sol (1992)		
McDowell Healthcare Center		
(1993)		
Body Positive (1998)		
Interfaith Services (1998)		
Ebony House (1999)		

Coordination with the HIV care continuum, medical and service/s community is done on a daily basis through the HIV Care Directions case managers' efforts. In addition, Care Directions schedules case conferences weekly with McDowell Healthcare Center and Phoenix Children's Hospital; monthly with the HIV housing programs (Native American Connections, Inc.; Southwest Behavioral Health; and Mercy Housing Southwest). Individual staffings are scheduled with physicians' offices and prior to hospital discharges.

This year the HIVCD program is participating in the HIV Referral Line marketing strategy. HIV Care Directions provides 24 hour access for callers who may speak directly with a professional person for questions or for referral to case management and /or primary medical care. In order to reach people out of care in the EMA, HIVCD initiated an "out of care" case management position to contact clients on in-active/self management status. Five people have been assisted in returning to care in the first 6 weeks of the effort.

#### AGENCY EXPERIENCE WITH INFECTIOUS DISEASE

Over 7,200 HIV positive men, women and children have been served by Area Agency on Aging's HIV Care Directions case management program since September 1, 1992. The model of care includes peer (HIV positive) intake. Individuals entering service at HIV Care Directions first encounter a HIV positive individual who, in addition to being empathetic, may serve as a model for hope and health.

The Board and staff of the Area Agency have always had a commitment to serve the needs of special populations and their health issues. The Area Agency on Aging served HIV positive disabled individuals in its home and community based services prior to the development of the Ryan White CARE Act. In 1992, the HIV Care Directions (HIVCD) program was created and implemented with Ryan White Title II funding, in response to the diverse, complex, and changing needs of HIV positive people of all ages in our community. In 1993 HIV Care Directions became a Ryan White Part A (then Title I) provider and was chosen as one of the first agencies to receive Ryan White Title I set-aside minority specific funding based on the program's cultural/linguistic competency and service expertise in the Latino community. Later in that year, HIV Care Directions was asked to include specialized services to the African American HIV community.

The contract history is as follows:

<b>Part A (formerly Title I):</b>	<b>Part A (formerly Title II):</b>	<b>Part D (formerly Title IV):</b>
Minority Specific Case Management 4-95 through 3-99	Case Management 9-92 through 3-96	Case Management 4-98 through present
General Case Management 4-96 through present	Home Health Care 9-93 through 3-96	Transportation 4-98 through present
Home Health Care 4-95 through present		
Transportation 4-95 through present		
Home Delivered Meals 4-95 through 2/2000		

After two years of extensive preparation, the Area Agency on Aging, Region One received national accreditation in March 2006. In addition, the HIV Care Directions program received national accreditation as a case management program following a review of all of the written material documenting every aspect of case management practice, staffing and administration and a comprehensive site visit in January 2006. A copy of the accreditation letter is included in this proposal.

HIV Care Directions has been noted as a distinctive, innovative program for many years. Following a two-day site visit in July 2000, evaluators from HRSA, Ryan White CARE Act administration reported that HIV Care Directions was one of the two best case management programs in the United States. Their evaluation was based on a policy/procedure review, client file audits, home visits with two case managers and private interviews with several clients. HRSA/HAB has also referred several programs from across the United States to HIV Care Directions for assistance with program development, design and implementation. Utilizing a large, community-based social service organization to provide the infrastructure and support that the HIVCD program receives from the Area Agency is a model that has been nationally recognized. In its published nationwide report to the National Community AIDS Partnership, the San Francisco-based social research and consulting firm of Harder + Company (formerly Harder+Kibbe) recognized HIVCD as an exemplary comprehensive case management model of HIV care coordination. The report concluded that HIV Care Directions "...has demonstrated a way to raise community standards for the delivery of care".

The director of HIV Care Directions has over 25 years of case management experience in medical and community settings and 20 years of HIV experience in a professional as well as personal capacity. She received case management training through an internship at the University of Washington. In 2003, the director was asked to serve as faculty for the HRSA/HIV AIDS Bureau's year long case management/primary care collaborative, coordinated by the Institute for Healthcare Improvement. The Director and Associate Director (14 years of HIV case management experience) have been asked to provide technical assistance by a number of Part A EMAs and were invited to serve as quality management review team.

Prior to working with clients, staff are trained in case management specific to HIV care, including a module that allows them to shadow a HIV primary care provider for a day. Medical in-services, attended by staff, are provided by local physicians, in addition to attending community sponsored conferences, workshops and in-services specific to HIV care. The program goal is to provide 12 in-services per year to increase knowledge of HIV and related issues. That goal has been consistently met or exceeded.

#### **OTHER FUNDING FOR PLWH/A**

In addition to funding from Ryan White Part A, HIV Care Directions has three other fund sources for PLWH/A: Ryan White Part D; HUD's Housing Opportunities for Person with AIDS (HOPWA); and HUD McKinney grant funds. In addition, the HIVCD case managers have the ability to authorize other home and community based services through the Area Agency's SAIL program.

In **1997** the HIV housing provider community chose HIV Care Directions as the site for the HIV Housing Coordinator position funded by **HUD's Housing Opportunities for Person with AIDS (HOPWA)** through the **City of Phoenix**. That program is now beginning its **11<sup>th</sup>** year of assisting HIV positive, low income individuals find affordable housing with a priority of helping the homeless. Since housing plays an important role in adherence to treatment, the Housing Coordination component compliments the RW Part A goal of retention in care.

Partnering with Native American Connections, Inc. in 1998, HIV Care Directions helped develop Stepping Stone Place, a housing complex in central Phoenix that provides housing to 20 HIV positive, formerly homeless, adult individuals in one of the three residential buildings. HIV Care Directions was selected through the competitive HUD Homeless Continuum process to receive **HUD McKinney grants** for the past 11 years to provide intensive case management services on-site through July 2008. The renewal for that position was submitted by Maricopa Association of Governments in their recent HUD application for 2007-08. Contract monitoring and quality assurance reviews have continued to be excellent each of the years, with no findings or action items.

Since **1998**, the Area Agency/ HIVCD has contracted with **Maricopa Integrated Health System, Ryan White Part D**, to provide case management services targeted to women, children, youth, teens and their families infected with and affected by HIV disease. Sixty percent of those clients are from populations of greatest need/ ethnic minority communities, including African refugees.

In **1999** HIV Care Directions was selected by the **City of Phoenix Human Services Department** to provide focused HIV case management services for homeless individuals beginning residency in Mercy Housing Southwest apartments and for homeless HIV positive individuals and families through out the county (Scattered Sites). That contract has been renewed annually through HUD's annual competitive grant process (currently through 2008). An additional HUD contract has provided funds for the past 7 years to provide case management for formerly homeless adults residing in four congregate living houses owned by Southwest Behavioral Health. Contract monitoring and quality assurance reviews for these three contracts have also been continuously excellent with no findings or action items. Those contracts have been made directly with **HUD** for the past 2 years. Quality improvement efforts with the homeless contracts resulted in improved 'new client packets' and improved documentation of client's rights and responsibilities that were applied to the RW Part A case management program and assisted in the accreditation process.

HIV Care Directions (HIVCD's) case managers serve a dual role. In addition to Ryan White Part A, the HIVCD case managers also function as Senior Adult and Independent Living (SAIL) case managers, the Area Agency's general home and community based service system for adults with disabilities 18 – 59 and people over 60. The case managers have access to these services for eligible clients to provide non-skilled home care, durable medical equipment, home delivered meals, adult day health care and home repair when units are available. - All with no cost to Part A.

# ATTACHMENT A

## Application

### SERVICE PROVIDER APPLICATION

Organization: Area Agency on Aging, Region One  
 Address: 1366 E. Thomas Rd., Suite 200  
 City: Phoenix State: AZ Zip: 85014  
 Telephone: 602 264-2255  
 Executive Director/CEO: Mary Lynn Kasunic  
 Person completing this form: Deborah Elliott Contact Telephone: 602 264-2273

Legal Status: ☒ Non profit 501-C3 ☐ Corporation ☐ LLC ☐ Partnership ☐ Other:\_\_\_\_\_

Years in Business: 35

Maricopa County Vendor Registration Complete: ☒ Yes ☐ No Vendor Number: **W000007280**

Number of paid staff (fte) in your entire organization: **104**

Number of volunteer staff in your entire organization: **6**

Do you meet the insurance requirements as described in Section 4 .10 of this proposal: ☒ Yes ☐ No

If no, will you be able to meet the requirements upon contract approval: ☐ Yes ☐ No

Audit Requirements as described in Section 4.22:

In compliance with OMB Circular A-102 ☒ Yes ☐ No ☐ N/A

In compliance with OMB Circular A-110 ☒ Yes ☐ No ☐ N/A

In compliance with OMB Circular A-122 ☒ Yes ☐ No ☐ N/A

In compliance with OMB Circular A-87 ☒ Yes ☐ No ☐ N/A

In compliance with OMB Circular A-21 ☒ Yes ☐ No ☐ N/A

In compliance with OMB Circular A-133 ☒ Yes ☐ No ☐ N/A

If N/A on any please explain:

In compliance with the records retention policies as described in Section 4.31? ☒ Yes ☐ No

If no, describe how you will meet this contract requirement:

Do you have a written Equal Opportunity Employment Policy Section 4.43? ☒ Yes ☐ No

If no, describe how you will meet this contract requirement:

In compliance with cultural competency as described in Section 4.50 ? ☒ Yes ☐ No

If no, describe how you will meet this contract requirement:

Understand the requirements for using the CAREWare central database system as described in Section 4.51 ☒ Yes ☐ No

If no, describe how you will meet this contract requirement:

In compliance with confidentiality policies as described in Section 4.55? ☒ Yes ☐ No

If no, describe how you will meet this contract requirement:

Do you receive grant funds for your programs: ☒ Yes ☐ No

If yes, please list who you receive the grants from and how long: **HIV related grants:**

Grant Fund 1: **Maricopa Co./ Ryan White Part A (formerly Title I)** Since: **1995**

Grant Fund 2: **HOPWA/ HUD (Housing Coord.)** Since: **1997**

Grant Fund 3: **MIHS/ Ryan White Part D (formerly Title IV)** Since: **1998**

Grant Fund 4: HUD/ City of Phoenix (Case Management)

Since: 1999

Do you have a financial system in place that will allow you to separate income and expenditures related to each grant and general funds: ☒ Yes ☐ No

If yes, Describe system:

**Through the chart of accounts in our accounting software, the agency's Finance Department can separate revenues and expenses into cost centers. This segregation of revenues and expenses allow individual income statements to be run at any point of time. Ledger accounts can also be run to review all expenses and revenues in the cost centers.**

If no, describe how you would be able to implement a system:

Do you have a financial system in place that will allow you to perform third party billing to ensure that funds used under this contract are the payer of last resort? ☒ Yes ☐ No

If no, describe how you would be able to implement a system for this:

## **ATTACHMENT B Pricing & Budget Form**

Maricopa County Health Care Mandates, as Administrative Agent for the Federal Ryan White HIV/AIDS Treatment Modernization Act of 2006 Part A grant, has created and revised the format for budget submissions for all Providers providing services under the Part A C.A.R.E. Act grant. The attached set of instructions will help you in completion of the Maricopa County Health Care Mandates Part A grant budget forms.

The forms can be completed electronically and sent to: \_\_\_\_\_ or manually and mailed to \_\_\_\_\_

- Purpose** In an ongoing effort to continuously improve the quality of service under the Ryan White Part A grant, these forms will enable providers to efficiently create annualized management budgets that accurately record the budgeted costs of services to the community.
- These forms create a standard format to accurately provide reporting information required under the administration of Part A funds. Every effort has been taken to ensure that the forms are easily completed and accurately reported.
- Objective** To standardize the budget system utilized by providers of Ryan White Part A funds that will:
- a. Accurately track and report Administrative Costs and Direct Service Costs separately.
  - b. Minimize risk of exceeding the Administrative Cost Cap (10% of the aggregate award available for service).
  - c. Minimize the real or perceived risk of arbitrary budget approval.

### **INSTRUCTIONS -**

#### **FORM NAME**

#### **FORM NUMBER**

**Cover  
Page**

**B05-CV-1**

Use this page to enter the summary information for your organization and Ryan White Part A grant award.  
\* A separate budget packet, including Cover Page, is required for each Ryan White Part A grant award that you have been awarded.

The Cover Page consists of the following:

Name Enter the official name of your organization  
FEIN Enter your federal employee identification number



Address	Enter the address of your organization
Authorized Contact	the name of the person to be contacted and allowed to make decisions
Telephone	the telephone number of the Authorized Person
Primary Contact	the name of the person(s) to be contacted primarily (if different from above)
Primary Telephone	the telephone number of the Primary Contact
Email	Email of the Primary Contact
Fax	fax number that you can receive faxsimile messages/correspondence
Service Category	the service category of the submitted budget packet (see Service Category in your Contract)
Grant Year	the beginning and ending grant year of your budget submission

**Budget Summary**

**B05-SU-1**

This form summarizes all of the line items in the submitted budget packet for the award listed in the Cover Page.

**Section I**

Summarizes the organizational information provided in the Cover Page.  
The information will automatically populate when the Cover Page is complete

**Section II**

This section summarizes the budget information calculated in the submitted budget packet for this grant.  
This form is required for all Ryan White Part A awards issued by Maricopa County Health Care Mandates.  
This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service award.

Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting, and data reporting.

- 1 Administrative Costs, defined in Section 2604(f)(3) defines allowable "subcontractor administrative activities to include:
  - a. Usual and recognized overhead, including establishing indirect rates for agencies;
  - b. Management and oversight of specific programs funded under this title; and
  - c. Other types of program support such as quality assurance, quality control, and related activities."
 Examples include: salaries and expenses of executive officers, personnel administration, accounting, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

**The Administrative Costs Column, including indirect cost, cannot exceed 10% of the total award**

**\*\* Indirect Cost - Providers claiming and indirect cost must submit their most current negotiated indirect cost rate issued federally**

- 2 Direct Services allocations are for service that directly benefits Ryan White HIV clients such as staff, medicine and drugs, clinical supplies, etc..

**The final determination for cost allocations between Administrative Costs and Direct Service Costs**

**resides with Maricopa County Health Care Mandates**

If completing this form electronically, the information will automatically populate as the budget packet is completed:

\* Enter the indirect rate used by your organization in cell [C134], if applicable - see "indirect cost".

**Grant Balance** - This cell calculates the amount of the grant less the projected costs. This number must equal 0.

**Personnel**

**B05-PE-1**

Use this form to list ALL persons being paid a salary from the Ryan White Part A grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual FTE.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or Both

\* for Both, the Provider must indicate how much of the time spent on Ryan White Part A activities are considered administrative.

For example - a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and Direct Service support.

The Cells referenced in the form (#) requiring entry are:

- (A) Full Time Hours. This is used to determine the annual hours for full time staff.  
(Typically 2,080)
- (B) Benefits  
Enter a brief name of all benefits included for staff and the percentage of gross salary associated with that benefit.  
(I.e., Social Security - (FICA) 6.75%)
- ( C ) and (C-a) Enter the position title and staff members last name.
- (D) Enter the FTE, or fraction of full time, that this person will work on this Part A grant  
(I.e., A person who spends 1/2 of full time hours on this grant would be .5 FTE)
- (E) Enter the position's hourly rate
- (H) Determine whether a persons primary responsibilities on this grant will be for Direct Service

activities or Administrative Activities by entering A or D.

\* For a staff member who has both responsibilities, enter A

- (I) Enter how much of the persons time is spent on Administrative duties.  
(I.e., a staff member can spend 90% of their time doing administrative duties and 10% performing Direct Services.)

The Cells referenced in the form (#) that are calculated are:

**F,G,J,K,L,M,N,O,P,Q**

These calculations are explained in under each of the Cell references. If submitting this form manually, follow the directions listed in the formula bar.

<b>Travel</b>	<b>B05-TV-1</b>
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Use this form to budget any travel expenses associated with the services of the Ryan White Part A Grant.

This form consists of two (2) sections - Mileage and Other Travel

**Mileage** This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant.  
The Provider is to determine the per mile rate that they reimburse staff for (Cell [E12])  
Maricopa County Health Care Mandates has adapted a standard formula to apply all mileage reimbursements budgets.

The mileage budget form requires the following entries:

- (A) Enter the number of FTE both Administrative and Direct Service in the corresponding row.  
The information will automatically populate as the Personnel form is completed.
- (B) Enter the annual miles that are annually budgeted for one (1) FTE staff person.  
**\*Do not use partial FTEs, only the annual miles for 1 FTE.**
- ( C ) [Cell E16] Enter the current rate used by your organization to reimburse mileage requests
- (G) Provide a detailed justification of the travel budget requested, both Administrative Cost and Direct Services.

**Cell References: (D), (E), and (F) are calculated automatically.**

**Other Allowable  
Travel**

In some cases, other travel may be allowed under the Ryan White Part A Grant.  
Each item listed in this section must have a detailed and accurate budget justification attached.

At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs

- (A)** Enter the dates that the other travel is expected.
- (B) and ( C )** Enter the estimated cost and description of the expense  
\*this can include car rental, parking fees, etc.
- (G)** Provide a detailed description of the justification, in relation to Ryan White Part A services as awarded in this grant.

**Columns (D), (E), and (F) are calculated automatically.**

**Supplies**

**B05-SP-1**

Use this form to create the supplies budget for the Ryan White Part A grant for this budget packet.  
Supplies can include general office supplies, (pens, paper, etc.) and program and medical supplies.

**Section I General Office Supplies**

Maricopa County Health Care Mandates has initiated a standard allocation model for general office supplies:

(Administrative Allocation = Total Budget x Percent of administrative FTE to total FTE)

When completing the general office supplies chart manually, use the information calculated in (N), (O), (P), and (Q) of the Personnel Worksheet (Form B05-PE-1)

**Section II Program Supplies**

This chart can be used to identify and budget for program specific and/or medical supplies used in providing services.  
Program Supplies have been determined to be Direct Service Costs, however final determination resides with Maricopa County Department of Public Health.

**Equipment**

**B05-EQ-1**

Use this form to budget for equipment needed to support services under this Part A grant.

Indicate the item budgeted, the total budgeted amount, and a detailed justification of the equipment to be purchased.

<b>Contractual</b>	<b>B05-CT-1</b>
--------------------	-----------------

Use this form to budget for consulting, contract labor, and/or subcontracts in conjunction with operating this Part A grant.

For each section, indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed justification for why these services are necessary to provide services.

<b>Other Program Support</b>	<b>B05-SP-1</b>
------------------------------	-----------------

Use this form to budget for other support necessary to provide services under this grant. This form applies the FTE ratio for the expenditures including: telephone, postage, copying, and utilities.

<b>Other Professional Services</b>	<b>B05-PF-1</b>
------------------------------------	-----------------

Use this form to budget for other professional services; audit/accounting, insurance, rent/space, or other professional services.

For each section, indicated the provider of service(s), the rate, a detailed description of the services provided, and the method of calculating the budget for this Part A grant.

This section allows providers to indicate the percentage requested as administrative and direct service. Final determination reside with Maricopa County Health Care Mandates County Health Care Mandates.

**NAME OF  
ORGANIZATION:**

AREA AGENCY ON AGING, REGION ONE, INC

Fed. Employee ID #  
(FEIN)

74-2371957

ADDRESS:

1366 E. Thomas Road

Phoenix, AZ 85014

AUTHORIZED  
CONTACT

Mary Lynn Kasunic

TELEPHONE

602 264-2255

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**SERVICE CATEGORY**

Medical/Non-Medical Case Management

GRANT PERIOD:

03/01/2008

02/28/2009

Start Date

End Date

AMOUNT

\$ 1,038,863.29

<b>(Section I)</b>							
Organization	AREA AGENCY ON AGING, REGION ONE, INC			Contract Number		SERIAL 07098-RFP	
Service Category	Medical/Non-Medical Case Management						
Grant Period	March-08	Through	February-09				
<b>Narrative of Grant:</b>							
<p>Medical Case Management Services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p>							
<p>Case Management (non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</p>							
<b>(Section II)</b>					<b>Budget Requested:</b>		\$ 1,038,863.29
	<b>Operating Expenses</b>				<b>Administrative Budget</b>	<b>Direct Service Budget</b>	<b>Total Budget</b>
<b>Personnel:</b>	<b>Salaries</b>			14.87 FTE	\$29,001.86	\$573,153.78	\$602,155.63
<b>Personnel:</b>	<b>Fringe/Benefits</b>				8,700.56	171,946.13	180,646.69
	<b>Subtotal: Personnel</b>				37,702.41	745,099.91	782,802.32
	<b>Other Direct Costs</b>						
<b>Travel</b>					44.72	17,819.58	17,864.30


Supplies				1,712.17	36,287.83	38,000.00
Equipment				-		
Contractual				5,600.00	-	5,600.00
Program Support				6,240.42	141,259.58	147,500.00
Other Professional Services				32,585.00	-	32,585.00
	Subtotal: Other Direct Costs			46,182.31	195,366.99	241,549.30
	Total Operating Expenses			83,884.72	940,466.90	1,024,351.62
	(Personnel and Other Direct Costs)					
	Indirect Costs			14,511.67		14,511.67
Indirect Rate		0%				
	(Providers claiming an indirect cost must submit their most current negotiated					
	indirect cost rate issued by the cognizant federal agency.)					
Total Costs of Grant	(Percent of Total)			98,396.39	940,466.90	\$1,038,863.29
	(Total Operating Expenses plus Indirect Costs)			9%	0%	
GRANT BALANCE	(Grant Revenue less Total Costs of Grant)					\$(0.00)
					The Grant balance must equal zero	
Finance Approval				Date:		
Exec. Director Approval				Date:		
Administrative Agent				Date:		



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The following tabs are to be used to update the Budget Cover Sheet.

All backup is required with each grant.

 These cells indicate provider required entry.

Personnel	All staff paid in full or part from																		
	this Ryan White Part A grant are to be listed in the following																		
	chart																		
Staffing					Provider Entry		Auto Calculation												
( C )	( C - a )	(D)	(E)		(F) = (A)*(E)*(D)		(G) = (F)*(B)	(H)	(I)			(J) = (F)*(I)	(K) = (G) * (I)	(L) = (F) - (J)	(M) = (G) - (K)				
Staffing AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management																			
				Annual Gross	Gross	Annual	Benefits		Perc ent applied as Administ rative										
Position Title	Last Name	FTE	Rate	(Full Time)	Applied to grant per FTE	Benefits	Applied to grant per FTE			Admin FTE	Dir Service FTE	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits				
Case Mgt Supervisor	TeKamp	0.95	31.56	65,644.80	62,362.56	19,693.44	18,708.77	A & D	12%	0.120	0.830	7,877.38	2,363.21	54,485.18	16,345.56	(A)	Calculatin g Annual Salary	2080	
Direct supervision of Care Directions staff; distributes intakes to CMs; review of files; CAREWare; training for new CMs; client satisfaction survey; responds to phone calls from individual clients; provides CM services to individual clients on a caseload when the case manager is out of the office or on leave; provides CM services to individual inactive clients; assists individual clients with applications for a variety of services; assists walk-in clients; responds to individual client emergencies; provides consultation to CMs on individual client situations; home visits to individual clients with their case manager for complex, unstable situations; documents work done with individual clients.																		(Rate x Annual Hours)	
Vice President	Elliott	0.31	38.56	80,204.80	24,863.49	24,061.44	7,459.05	A & D	10%	0.100	0.210	8,020.48	2,406.14	16,843.01	5,052.90	(B)	Benefits		
Overall supervision of Care Directions staff; distributes intakes to CMs when CM supervisor out of office on leave; review of files; orientation for new CMs; responds to phone calls from individual clients; provides CM services to individual clients on a caseload when the case manager is out of the office; provides primary CM to limited caseload; assists individual clients with service problem resolution; assists individual clients with applications for services and/or benefits; provides consultation to CMs on individual client situations; documents work done with individual clients.																		Benefits	Percent
																		health ins	13.43%
Bi-lingual Intake	Flores	0.09	25.47	52,977.60	4,767.98	15,893.28	1,430.40	D	0%	-	0.090	-	-	4,767.98	1,430.40		FICA	7.65%	
Provides intake to Spanish speaking clients and initiates emergency services; provides primary case management to a limited Title I caseload; assists spanish speaking clients assigned to a caseload when the CM is out of the office on leave; responds to individual client calls; authorizes transportation for individual clients; assists with applications for services and benefits; attends staffings with providers re: individual client's care; documents work done with individual clients.																		Unemploy ment	1.23%
																		Retiremen t	6.30%

Case Managers	Austin, Butler, Cicarella, Spencer, Lowe, Campbell, Gonzales-Ogas, Grimes, Cranmer, Wenham Zemeida, + one open	11.1	18.6	38,688.00	429,436.80	11,606.40	128,831.04	D	0%	-	11.100	-	-	429,436.80	128,831.04	Life/Dis Ins	0.91%
Meets with clients in the office/ home or appropriate setting to: assess needs and services. Provides comprehensive assessment, care planning, linkage to services and resources, follow-up, advocacy, reassessment per HRSA RW Part A medical/non-medical case management definition.																Workers' Comp	0.48%
Intake	Seeger	1	18.93	39,374.40	39,374.40	11,812.32	11,812.32	D	0%	-	1.000	-	-	39,374.40	11,812.32		
Provides peer based intake for case management services, meets with clients in the office/ home or appropriate setting to: explain scope of service, gather complete intake information, obtain client's consent for service, obtain Title I eligibility documentation, provide I & R for those not in need of CM service; forwards file to Assoc. Director/ CM supervisor for assignment; follows up with client 1x to determine linkage to specific CM; documents work done with individual clients.																TOTAL	30.00%
Assist Case Managers	Apodaca, Posadas	1.42	14	29,120.00	41,350.40	8,736.00	12,405.12	A & D	45%	0.450	0.970	13,104.00	3,931.20	28,246.40	8,473.92		
				-	-	-	-		0%	-	-	-	-	-	-		
TOTAL		14.87		306,009.60	602,155.63		180,646.69			0.670	14.200	29,001.86	8,700.56	573,153.78	171,946.13		
	(Admin)	0.67	FTE		(N) = (D)* (I)		Percent FTE	4.5%	(P) = (N) / ((N) + (O))								
	(Direct Service)	14.2	FTE		(O) = (D) * (1-(I))			95.5%	(Q) = (O) / ((N) + (O))								

## TRAVEL

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White CARE Act Title I funds.

- 1 **Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant.

	(A)	(B)	(C)	(D) = (B)*(C) (A)	(E)	(F)	(G)
<b>Mileage AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management</b>							
	FTE	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Budget \$0.45	Admin	Direct Svc	Description
1	0.67	150	100.5	\$44.72	44.72	-	
2	14.2	2820	40044	17,819.58		\$17,819.58	Travel has been approved for Case Manager mileage for home visits with clients.
<b>TOTAL</b>		2970	40144.5	17,864.30	44.72	17,819.58	<b>\$17,864.30</b>

(Total Miles applied to this grant)

(B) **Note - Budget annual mileage for 1 FTE.**

## 2 Other Allowable Travel

At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs.

(A)	(B)	(C)	(D) = (B)+(C)	(E) = (D)	(F)	(G)
<b>Other Allowable Travel AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management</b>						
Dates	Cost	Cost	Total	Admin	Direct Service	Description
of Travel	Line Item	Line Item	Budget			
1	\$-	\$-	-	-	0	
Description					0	
2	\$-	\$-	-	-	0	
Description					0	
3	\$-	\$-	-	-	0	
Description					0	
			-	-	-	\$-

<b>SUMMARY</b>	(Travel)	Admin 44.72	Direct Service 17,819.58	Total 17,864.30
----------------	----------	----------------	-----------------------------	--------------------

The supplies line item is used to budget funds for supplies used in the operations of the budget. This category can include general office supplies and program/medical supplies.

1 **General Office Supplies: includes pens, paper, toner, etc.** (Apply at FTE Ratio)

	(A)	(B)	( C ) = (A)*(1-(B))	(D) = (B) + ( C )	(E)
<b>General Office Supplies AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management</b>					
	Annual	Admin	Direct	Total	Narrative
Item	Budget	5%	Service		
1 General office supplies: Paper, pens, toner, calendars etc	38000	1,712.17	36,287.83	38,000.00	General office supplies in support of the Ryan White Part A Case Management Program
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
		-	-	-	
TOTAL		1,712.17	36,287.83	TOTAL	\$38,000.00

2 **Program Supplies**

Program Supplies have been deemed Direct Service.

	(A)	(B)	( C )	(D) = (B)	(E)	(F)
<b>Program Supplies AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management</b>						
	Annual	Admin	Direct			Narrative
Description	Budget					
1	0	0	-			
2			-			
3			-			
4			-			
5			-			

			-		
	TOTAL	-	-	TOTAL	\$-

**Equipment less than \$1,000 -**

includes computers, fax machines, shredders, and adding machines to be used in the operations of this grant.

(Apply at FTE Ratio)

3

	(A)	(B)	( C ) = (A)*(1-(B))	(D) = (B) + ( C )	(E)
<b>Equipment less than \$1,000 AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management</b>					
Description	Allocated	Admin	Direct	Total	Narrative
	Budget	5%	Service		
1	0	-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

Summary

1,712.17 36,287.83

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant.

**Equipment greater than \$1,000**

- 1 Equipment greater than \$1,000 - Include large equipment necessary to be used in the operations of this grant. Please note that there are more requirements for approval.

(A)	(B)	(C)	(D) = (B * (1 - (C)))	(D) = (B) + (C)	(E)
<b>Equipment greater than \$1,000 AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management</b>					
Item	Amount	Admin	Direct	Total	Narrative
Budgeted	Budgeted	5%	Service		
1		-	-	-	A copier is necessary to copy information in client charts for service coordination with other HIV Services.
2		-	-	-	
3		-	-		
4		-	-		
5		-	-		
		-	-		
TOTAL		-	-	TOTAL	\$-



The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.

This budget category includes payments to outside consultants and temporary services. Use this section for both professional and clerical support.

**Consulting**

- 1 Consulting - Include any payments anticipated for consulting and capacity building services

Consulting AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management									
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service		
1	50	112	5,600.00	100%	5,600.00	-	03/01/07 thru 02/28/08		
Licenses / qualifications	Computer consultant								
Narrative	Computer consultant assists with installation of software, computer server and network, reparis and upgrades, interface to CareWare, etc.								
2	0	0	-	0%	-	-			
Licenses / qualifications									
Narrative									
3			-		-	-			
Licenses / qualifications									
Narrative									
4									
				TOTAL	5,600.00	-	\$5,600.00		

**Subcontracts**

- 2 Include any payments for subcontracts to provide services under this grant.  
 Backup is required for each subcontract listed in this section.  
 Maricopa County Department of Public Health  
 will enforce the 10% administrative Cost Cap established by HRSA for first-line entities receiving Title I funds.

Subcontracts AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management							
Contract Provider	Units/Hours Budgeted	Quoted Rate	Total Budget	Admin Rate	Admin Budget	Direct Service	Dates of Service
1			-	0%	-	-	
Service(s) Provided							
Narrative							
2			-		-	-	
Service(s) Provided							
Narrative							
3			-		-	-	
Service(s) Provided							
Narrative							
				TOTAL	-	-	\$-

Other Program Support

1 Telephone

Telephone AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management					
Description	Annual Amount Budgeted	Admin 5%	Direct Service	Total	Narrative Justification
1 Cell Phones	4000	180.23	3,819.77	4,000.00	Cell phones are issued to Case Manager for safety (Home visits) and direct access from clients.
2 Direct Line	1400	63.08	1,336.92	1,400.00	Allocated portion of general phone lines in support of the Case Management Program
3		-	-		
		-	-		
TOTAL		243.31	5,156.69	TOTAL	\$5,400.00

2 Copy/Duplicating

Copy/Duplicating AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management					
Description	Budget	Admin 5%	Direct Service	Total	Narrative Justification
1	Program Brochures				
main brochure	9000		9,000.00	9,000.00	Printing of brochures to ensure that PLWHA are aware of the services offered by this organization.
2	Other Copying/Duplicating				
Program letterheads & Business Cards	11000	495.63	10,504.37	11,000.00	
Client Forms	11000	495.63	10,504.37	11,000.00	
Misc Copying	11000	495.63	10,504.37	11,000.00	
TOTAL		1,486.89	40,513.11	TOTAL	\$42,000.00

Budget Category 6 4

3 **Postage**

Postage AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management					
Description	Amount Budgeted	Admin 5%	Direct Service	Total	Narrative Justification
1 All Postage	100	4.51	95.49	100.00	Notices are sent to clients regarding recertification and other items throughout the year.
		-	-		
TOTAL		4.51	95.49	TOTAL	\$100.00

4 **Utilities**

Utilities have been deemed 100% administrative. (Ruling 6.6.B05)

Utilities AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management					
Description	Amount Budgeted	Admin 5%	Direct Service	Total	Narrative Justification
1	0	-	-	-	
		-	-	-	
		-	-	-	
		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

4 **Other Program Support**

Other Program Support AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management					
Description	Budgeted Amount	Admin 5%	Direct Service	Total	Narrative
1 Financial Assistance Prog	73000	3,289.17	69,710.83	73,000.00	1) Oral Health Care
	10000	450.57	9,549.43	10,000.00	2) AIDS Pharmaceutical Assistance
	9000	405.51	8,594.49	9,000.00	
	8000	360.46	7,639.54	8,000.00	
		-	-	-	
TOTAL		4,505.72	95,494.28	TOTAL	\$100,000.00



b	<b>Budget Justification</b>								
				-		-			
	<b>Cost Method Used</b>	cash basis - allocated annual premium per business percentage of program							
c	<b>Budget Justification</b>	required for coverage of employees to use their own vehicle. The Case Management Program requires more travel - and use of personal vehicles - than other programs within the organization.							
				-		-			
	<b>Cost Method Used</b>	cash basis - allocated annual premium per business percentage of program							
	<b>Budget Justification</b>	required for professional insurance. Case Management services requires higher premiums, Ryan White Case Management increases the annual premium.							
				TOTAL		-		\$	-

### 3 Rent/Space

Rent/Space AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management									
	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description		
a	Antigua, LLC	29585	100%	29,585.00		29,585.00			
	<b>Cost Method Used</b>	cash basis - Accrual of Office space for Case Management.							
	<b>Budget Justification</b>	need location for case managers to provide confidential meeting place with clients. Annual rent for Care Directions occupied space is \$29,585.00.							
				TOTAL	29,585.00		\$	29,585.00	

4 Other Professional Service

Other Professional Service AREA AGENCY ON AGING, REGION ONE, INC Medical/Non-Medical Case Management									
	Vendor	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description	
a		60	50	3,000.00	100%	3,000.00	-		
	Cost Method Used	Direct cost of training.							
	Budget Justification	Staff needs to be trained in HIV and related resources in order to serve clients appropriately and accurately - 4.25 hours per year per case manager							
b				-		-	-		
	Cost Method Used								
	Budget Justification								
c						-	-		
	Cost Method Used								
	Budget Justification								
			3,000.00	TOTAL	3,000.00	-	\$ 3,000.00		

**Instructions:** Complete the yellow sections for this template. All information will be linked to the Unit Cost sheet of this work book  
 This sheet allows for planning and cost calculations for services to be provided under this grant.  
 Providers may utilize this sheet to determine costs of units that they are proposing for the contract.  
 Providers also have the option to utilize the Unit Cost Narrative sheet at the end of this workbook.

Organization Name:

Area Agency on  
Aging

Contract:

Medical Case  
management/non-  
medical CM

	(A) Activity (From Work Statement)	(B) Product / Unit Name	( C ) Number of Units Proposed	(D) Propose d Fee Per Product/ Delivera ble	Schedule of Deliverables												(E) Total Payment Per Objective/Act ivity
					Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1	Obj 1	Intake	5,006	18.86	417	417	417	417	418	417	417	417	417	417	417	418	94,401.98
2	Obj 2	Case Management	82,973	11.38	6915	6914	6914	6915	6914	6915	6914	6915	6914	6914	6915	6914	944,462.33
3			-	-													-
4			-	-													-
5			-	-													-
6			-	-													-
7			-	-													-
8			-	-													-
TOTAL			87,979		7,332	7,331	7,331	7,332	7,332	7,331	7,332	7,331	7,331	7,331	7,332	7,332	

1,038,864.32

\$1,038,863.29

\$1.02

(Over  
Budget)

(A) From the Work Statement - enter which activity this unit relates to.

(B) Product/Unit Name - Enter the name that identifies this unit.

( C ) Enter the number of units proposed for the contract year.

(D) This fee calculates automatically, based on the budget and unit cost from the Unit Cost Worksheet.

Schedule of  
Deliverables Enter the number of units BY MONTH proposed in the corresponding column and row.

(E) This calculates the total amount budgeted, based on proposed units x proposed fee, for this contract.



	1					
Unit of Service (Name)	Intake					
Unit Definition (Describe the Unit)	Assessments are the initial intake and planning provided to all new clients. An average assessment takes approximately 1.5 hours to complete. These units reflect direct service at 100%. The standard used is usually 70- 72% direct services to allow for necessary non direct activities (meetings, trainings, etc.), leave/sick time, etc.					
Units Proposed	5006					
Percent of Total	6%					
	Direct Costs					
POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
Case Manager	Intake	23.00	6.90	30	15	7.48
Super Case manager	Assessments	24.75	7.43	32	15	8.04
(Hourly rate = CM and Super - Average)		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						15.52
Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total			
Travel	17,819.58	5,006	6%			0.20
Supplies	36,287.83					0.41
Equipment	-					-
Contractual	-					-
PS	141,259.58					1.61
Other Direct Costs	-					-

						17.74
Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
<b>Salaries</b>	29,001.86	8,700.56	37,702.41	6%	5,006.00	0.43
	Total Admin Labor Cost					0.43
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	44.72	5,006	6%			0.00
Supplies	1,712.17					0.02
Equipment	-					-
Contractual	5,600.00					0.06
PS	6,240.42					0.07
Other Direct Costs	32,585.00					0.37
						0.95
Indirect	14,511.67					0.16
						18.86
	<b>2</b>					
Unit of Service (Name)	Case Management					
Unit Definition (Describe the Unit)	Case Management includes all supporting activities done to assist the client in attaining their goals from the assessment and treatment plan. This includes work done via face-to-face or via telephone on behalf of the client. These units reflect direct service at 100%. The standard used is usually 70-72% direct services to allow for necessary non direct activities (meetings, trainings, etc.), leave/sick time, etc.					
Units Proposed	82973					

Percent of Total	94%					
	Direct Costs					
POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
Case Manager	CM with clients	24.75	7.43	32	15	8.04
Super Case manager	CM with clients and oversee		-	-	-	-
(Hourly rate = CM and Super - Average)		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						8.04
Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total			
Travel	17,819.58	82,973	94%			0.20
Supplies	36,287.83					0.41
Equipment	-					-
Contractual	-					-
PS	141,259.58					1.61
Other Direct Costs	-					-
						10.26
Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	29,001.86	8,700.56	37,702.41	94%	82,973.00	0.43
	Total Admin Labor Cost					0.43
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	44.72	82,973	94%			0.00

Supplies	1,712.17					0.02
Equipment	-					-
Contractual	5,600.00					0.06
PS	6,240.42					0.07
Other Direct Costs	32,585.00					0.37
						0.95
Indirect	14,511.67					0.16
						11.38
	3					
Unit of Service (Name)	0					
Unit Definition (Describe the Unit)						
Units Proposed	0					
Percent of Total	0%					
	Direct Costs					
	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
POSITION		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

		-	-	-	-	-
		-	-	-	-	-
						-
Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total			
Travel	17,819.58	-	0%			#DIV/0!
Supplies	36,287.83					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	141,259.58					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
<b>Salaries</b>	29,001.86	8,700.56	37,702.41	0%	-	#DIV/0!
	Total Admin Labor Cost					#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	44.72	-	0%			#DIV/0!
Supplies	1,712.17					#DIV/0!
Equipment	-					#DIV/0!
Contractual	5,600.00					#DIV/0!
PS	6,240.42					#DIV/0!
Other Direct Costs	32,585.00					#DIV/0!
						#DIV/0!
Indirect	14,511.67					#DIV/0!
						#DIV/0!
	4					
Unit of Service (Name)	0					

Unit Definition (Describe the

Unit)						
Units Proposed	0					
Percent of Total	0%					
	Direct Costs					
POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						-
Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total			
Travel	17,819.58	-	0%			#DIV/0!
Supplies	36,287.83					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	141,259.58					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	29,001.86	8,700.56	37,702.41	0%	-	#DIV/0!
	Total Admin Labor Cost					#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	44.72	-	0%			#DIV/0!
Supplies	1,712.17					#DIV/0!
Equipment	-					#DIV/0!

Contractual	5,600.00					#DIV/0!
PS	6,240.42					#DIV/0!
Other Direct Costs	32,585.00					#DIV/0!
						#DIV/0!
Indirect	14,511.67					#DIV/0!
						#DIV/0!
	5					
Unit of Service (Name)	0					
Unit Definition (Describe the Unit)						
Units Proposed	0					
Percent of Total	0%					
	Direct Costs					
POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						-
Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total			
Travel	17,819.58	-	0%			#DIV/0!
Supplies	36,287.83					#DIV/0!

Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	141,259.58					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
<b>Salaries</b>	29,001.86	8,700.56	37,702.41	0%	-	#DIV/0!
	Total Admin Labor Cost					#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	44.72	-	0%			#DIV/0!
Supplies	1,712.17					#DIV/0!
Equipment	-					#DIV/0!
Contractual	5,600.00					#DIV/0!
PS	6,240.42					#DIV/0!
Other Direct Costs	32,585.00					#DIV/0!
						#DIV/0!
Indirect	14,511.67					#DIV/0!
						#DIV/0!
	6					
Unit of Service (Name)	0					
Unit Definition (Describe the Unit)						
Units Proposed	0					
Percent of Total	0%					
	Direct Costs					



POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						-
Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total			
Travel	17,819.58	-	0%			#DIV/0!
Supplies	36,287.83					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	141,259.58					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
<b>Salaries</b>	29,001.86	8,700.56	37,702.41	0%	-	#DIV/0!
	Total Admin Labor Cost					#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	44.72	-	0%			#DIV/0!
Supplies	1,712.17					#DIV/0!
Equipment	-					#DIV/0!
Contractual	5,600.00					#DIV/0!
PS	6,240.42					#DIV/0!
Other Direct Costs	32,585.00					#DIV/0!
						#DIV/0!
Indirect	14,511.67					#DIV/0!
						#DIV/0!

	7					
Unit of Service (Name)	0					
Unit Definition (Describe the Unit)						
Units Proposed	0					
Percent of Total	0%					
	Direct Costs					
POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						-
Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total			
Travel	17,819.58	-	0%			#DIV/0!
Supplies	36,287.83					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	141,259.58					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Administrative Costs	Admin Salaries	Admin	Ttl Admin	% of Ttl	Units	per unit

		BNF				
<b>Salaries</b>	29,001.86	8,700.56	37,702.41	0%	-	#DIV/0!
	Total Admin Labor Cost					#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	44.72	-	0%			#DIV/0!
Supplies	1,712.17					#DIV/0!
Equipment	-					#DIV/0!
Contractual	5,600.00					#DIV/0!
PS	6,240.42					#DIV/0!
Other Direct Costs	32,585.00					#DIV/0!
						#DIV/0!
Indirect	14,511.67					#DIV/0!
						#DIV/0!
	8					
Unit of Service (Name)	0					
Unit Definition (Describe the Unit)						
Units Proposed	0					
Percent of Total	0%					
	Direct Costs					
	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)		Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
POSITION			Hourly BNF			
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						-
Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total			
Travel	17,819.58	-	0%			#DIV/0!
Supplies	36,287.83					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	141,259.58					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
<b>Salaries</b>	29,001.86	8,700.56	37,702.41	0%	-	#DIV/0!
	Total Admin Labor Cost					#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	44.72	-	0%			#DIV/0!
Supplies	1,712.17					#DIV/0!
Equipment	-					#DIV/0!
Contractual	5,600.00					#DIV/0!
PS	6,240.42					#DIV/0!
Other Direct Costs	32,585.00					#DIV/0!
						#DIV/0!
Indirect	14,511.67					#DIV/0!
						#DIV/0!

Instructions:  
Use this  
worksheet to  
submit manual  
calculations of  
proposed  
reimbursement  
rates for

services provided under this grant.  
Complete one section for each unit of service proposed. (i.e, face-to-face visit)  
It is the Provider's responsibility to adequately identify costs associated with this service.  
Unallowable and/or unnecessary costs will be rejected by MCDPH.

Unit Name:

Definition:

Case Management services
Meets with clients in the office/ home or appropriate setting to: Provides intake, eligibility determination, assess needs and services. Provides comprehensive assessment, care planning, linkage to services and resources, follow-up, advocacy, reassessment. Activities are per HRSA RW Part A medical/non-medical case management definition. (Unit rate not applicable - cost reimbursement contract.)

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

15 min
--------

Reimbursement Rate Requested:

NA. Cost reimbursement
------------------------

(enter the rate at which you are submitting to be reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost:  
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1	See budget summary.		
2	Cost reimbursement contract.		See individual narratives on each cost sheet. Costs in the budget are related to personnel, ERE, direct service supplies, and admin.
3			
4			
5			
6			
7			
8			
9			
10			j
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.  
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative

Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.  
any other information relevant to justify this cost.

Unit Name:  
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

(enter the rate at which you are submitting to be reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost:  
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost      Identify the cost associated with providing this cost.  
(i.e., personnel and benefits utilized in providing one unit.)

Cost                              Input the amount PER UNIT

Narrative Justification      Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.  
any other information relevant to justify this cost.

Unit Name:  
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

(enter the rate at which you are submitting to be reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost:  
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.  
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.  
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

(enter the rate at which you are submitting to be reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost:  
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.  
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative  
Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.  
any other information relevant to justify this cost.

Unit Name:  
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

(enter the rate at which you are submitting to be reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost:  
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.  
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative

Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.  
any other information relevant to justify this cost.

Unit Name:  
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

(enter the rate at which you are submitting to be



reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)  
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total -

Description of Cost Identify the cost associated with providing this cost.  
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.  
any other information relevant to justify this cost.

Unit Name:  
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:  (enter the rate at which you are submitting to be reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)  
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total -

Description of Cost      Identify the cost associated with providing this cost.  
   (i.e., personnel and benefits utilized in providing one unit.)  
Cost                              Input the amount PER UNIT  
Narrative  
Justification                      Briefly describe how this cost was calculated, the reason for this  
   cost, and any other information relevant to justify the cost.  
   any other information relevant to justify this cost.

Unit Name:  
Definition:


(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be  
reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost:  
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total		-	

Description of Cost      Identify the cost associated with providing this cost.  
   (i.e., personnel and benefits utilized in providing one unit.)  
Cost                              Input the amount PER UNIT  
Narrative  
Justification                      Briefly describe how this cost was calculated, the reason for this  
   cost, and any other information relevant to justify the cost.  
   any other information relevant to justify this cost.

Unit Name:  
Definition:


(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost:  
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:  
Definition:


(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

\* This number must match the total in the section below.

Unit Cost:  
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

**ATTACHMENT C**  
**Maricopa County Department of Health Care Mandates**  
**Ryan White Part A Program**  
**Phoenix, EMA**  
**FY 2008/2009**

Area Agency on Aging, Region One/HIV Care Directions      **FY 2008/2009 WORK PLAN FOR**      Medical/ Non-Medical Case Management

**Performance Measure FY 2008/2009**

1) Number of new clients	=	420	4)	=	
2) Number of returning clients	=	1,000	5)	=	
3) Medical Case Management	=	48,382	6) % of compliance	=	
Non-medical Case Management	=	14,926	7) Total # unduplicated clients		1,420

**Challenge:** The number of HIV+ individuals facing barriers to accessing medical care and other services and therefore in need of Case Management services continues to increase. *HIV Care Directions staffing strives to meet the identified needs of each individual through linkages to appropriate services and benefits.*

**Goal:** The goal of comprehensive case management is to facilitate access to medical care, core services and community services and reduce barriers to care through the provision of intake, assessment and care planning resulting in linkage to a full spectrum of health and support services for individuals of all ages and ethnicities in a professionally, culturally sensitive, competent manner.

OBJECTIVES:	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED	HOW GOALS WILL BE MEASURED/ATTAINED/ EVALUATION METHODS
<b>Objective 1:</b> To offer a comprehensive screening intake to determine the need for case management and/or linkages into primary medical care or community services for clients.	<b>The project will:</b> <b>Objective 1:</b> <b>The project will:</b> <ul style="list-style-type: none"> <li>•Establish a peer-based relationship with HIV positive clients.</li> <li>•Provide Intake services in Spanish as needed.</li> <li>•Determine client eligibility for Ryan White Title I services.</li> <li>•Schedule face-to-face contact with client in the home setting or any setting of client's preference.</li> <li>•Complete client intake.</li> <li>•Forward intake for ongoing case management to Associate Director for assignment of a case manager.</li> </ul> <b>Responsible staff:</b> Intake Coordinator Bilingual Intake Specialist	<b>Implementation:</b> Service is already in place and operating.  0.09 FTE Bilingual Intake Specialist 1.00 FTE Intake Coordinator	<b>Narrative Measure Statement:</b> The CAREWare database maintains a list of clients who have received Intake services.  Monthly chart audits will monitor completion and document intake within 10 working days of first contact.  <b>Service Unit Name:</b> IOCM FMCM OMCM  <b>Service Unit Description:</b> 1 unit = .25 hour of service (face-face or other)  <b>Units to be Provided:</b> Medical Case Management = 3,604

OBJECTIVES:	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED	HOW GOALS WILL BE MEASURED/ATTAINED/ EVALUATION METHOD
<p><b>Objective2:</b> To provide professional, comprehensive medical/non-medical Case Management services in order to facilitate access to medical care and community services to 1420 individuals in Maricopa County.</p>	<p><b>The project will:</b></p> <ul style="list-style-type: none"> <li>•Complete a comprehensive bio-psychosocial assessment with the client (preferably in the home setting, unless the client chooses otherwise), determining the need for short-term or ongoing case management.</li> <li>•For clients not in need of ongoing case management: <ul style="list-style-type: none"> <li>▪ Provide information and referral as appropriate</li> </ul> </li> <li>•For clients in need of ongoing case management: <ul style="list-style-type: none"> <li>▪ Develop a comprehensive care plan with client participation.</li> <li>▪ Provide a “new client packet” (rights and responsibilities, grievance procedure) and secure appropriate written releases of information.</li> <li>▪ Based on assessment, case manager will identify applicable resources, inform clients of those resources, provide appropriate referrals and linkages to services and benefits.</li> <li>▪ Follow-up with clients to provide assistance as needed, monitor the initiation and efficacy of referrals and interventions, and determine the need for supportive counseling and/or advocacy.</li> <li>▪ Complete and document a re-assessment of the client’s status every 6 months which will result in an updated care plan</li> </ul> </li> </ul>	<p><b>Implementation:</b> Service is already in place and operating.</p> <p>0.31 FTE Director 0.95 FTE Associate Director 11.10 FTE Case Managers 1.42 FTE Case Manager Assistants</p>	<p><b>Narrative Measure Statement:</b> The CAREWare database maintains a list of clients who have received Case Management services.</p> <p>Monthly chart audits will monitor completion and documentation of:</p> <ul style="list-style-type: none"> <li>▪ assessment within 10 working days of initial case management contact;</li> <li>▪ care plan will be documented within 10 days of assessment and signed by client;</li> <li>▪ supervisor will review care plan within 30 days;</li> <li>▪ referrals for services;</li> <li>▪ monthly attempts to contact client;</li> <li>▪ reassessment at six month intervals and updated care plans;</li> <li>▪ closure note within 10 working days of case closure/inactive status.</li> </ul> <p><b>Service Unit Name:</b> FMCM Assessment FMCM FSCM OMCM OSCM</p> <p><b>Service Unit Description:</b> 1 unit = .25 hour of service (face-face or other)</p> <p><b>Units to be Provided:</b> Medical Case Management = 44,778 Non-Medical CM = 14,926</p>

	<ul style="list-style-type: none"> <li>▪ Upon completion of care plan, death, client choice or ineligibility, client's chart will be moved to inactive/closed status.</li> <li>▪ Proactive contact with inactive clients to discuss in care and adherence status. Continue with the above process as necessary to the individual. (New)</li> </ul> <p>Assist eligible clients with</p> <ul style="list-style-type: none"> <li>▪ FAP applications and process applications and provider payments.</li> </ul> <p><b><i>Responsible staff:</i></b> Case Managers, Lead Case Manager, Case Manager Assistants, Associate Director and Director.</p>		
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**AREA AGENCY ON AGING, REGION ONE, 1366 EAST THOMAS ROAD SUITE 108, PHOENIX, AZ 85015**

PRICING SHEET: NIGP CODE 9487402

Terms:	NET 30
Vendor Number:	W000007280 X
Telephone Number:	602/264-2255
Fax Number:	602/230-9132
Contact Person:	Mary Lynn Kasunic
E-mail Address:	<a href="mailto:grants@aaaphx.org">grants@aaaphx.org</a>
Certificates of Insurance	Required
Contract Period:	To cover the period ending <b>March 31, 2011.</b>